

---

Theses and Dissertations

---

2020

## Systemic barriers and facilitators of help-seeking and highly performing individuals in business and sports

Jonathan N. Weller  
dr.jonathan.weller@gmail.com

Follow this and additional works at: <https://digitalcommons.pepperdine.edu/etd>



Part of the [Leadership Studies Commons](#), [Organizational Behavior and Theory Commons](#), [Sports Management Commons](#), and the [Sports Studies Commons](#)

---

### Recommended Citation

Weller, Jonathan N., "Systemic barriers and facilitators of help-seeking and highly performing individuals in business and sports" (2020). *Theses and Dissertations*. 1183.  
<https://digitalcommons.pepperdine.edu/etd/1183>

This Thesis is brought to you for free and open access by Pepperdine Digital Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Pepperdine Digital Commons. For more information, please contact [Katrina.Gallardo@pepperdine.edu](mailto:Katrina.Gallardo@pepperdine.edu), [anna.speth@pepperdine.edu](mailto:anna.speth@pepperdine.edu), [linhgavin.do@pepperdine.edu](mailto:linhgavin.do@pepperdine.edu).

**SYSTEMIC BARRIERS AND FACILITATORS OF HELP-SEEKING  
AND HIGHLY PERFORMING INDIVIDUALS  
IN BUSINESS AND SPORTS**

---

**A Research Project  
Presented to the Faculty of  
The Graziadio Business School  
Pepperdine University**

---

**In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science  
In Organization Development**

---

**By  
Jonathan N. Weller  
November 2020**

This research project, completed by

JONATHAN N. WELLER

under the guidance of the Faculty Committee and approved by its members, has been submitted to and accepted by the faculty of The Graziadio Business School in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE  
IN ORGANIZATION DEVELOPMENT

Date: November 2020

Faculty Committee

Committee Chair, Gary Mangiofico, Ph.D.

Committee Member, Miriam Lacey, Ph.D.

Deryck J. van Rensburg, D.B.A., Dean  
The Graziadio Business School

## **Abstract**

The mental health and wellbeing of highly performing individuals in business and sport demands attention due to the high costs (personal and financial) that disruptions can create for these individuals and their organizations or teams. Utilizing 13 interviews with support professionals (e.g., executive coaches, psychologists), this study explored factors affecting help-seeking and wellbeing amongst high-performing athletes and executives, consequences of not seeking help, and similarities present in business and elite sports environments. Themes including stigma, career consequences, logistics, culture, and isolation of leadership were identified as factors inhibiting help-seeking and wellbeing. Service delivery factors, organizational resources and policies, and leadership emerged as facilitative themes. Findings suggested further efforts to reduce stigma in these environments is needed. Recommended keys to improving the mental health and wellbeing within high-performance environments included engaged leaders who lead by example and foster trust, proactive prevention, availability of high-quality services, and advocacy by “mental health ambassadors.”

*Keywords:* Help-seeking, mental health, wellbeing, stigma, isolation, leadership, executives, elite athletes, professional sports

## Table of Contents

Abstract .....	iii
Table of Contents .....	iv
CHAPTER ONE .....	1
Introduction .....	1
Purpose of this Research .....	5
Research Questions .....	5
CHAPTER TWO .....	6
Review of Literature.....	6
Whole Person Well-Being and Performance.....	7
High Performance and Associated Risks.....	10
Help-Seeking Barriers and Facilitators.....	15
Summary.....	23
CHAPTER THREE .....	25
Methods .....	25
Research Purpose.....	25
Research Design .....	26
Sampling/Participants.....	26
Operational Definitions.....	29
Data Collection Procedures.....	30

Data Analysis .....	30
CHAPTER FOUR .....	32
Findings .....	32
Estimated Scope and Prevalence.....	33
Key Themes.....	34
Systemic Factors Inhibiting Maintenance of Well-Being.....	35
Systemic Factors Inhibiting Help-Seeking.....	38
Systemic Factors Facilitating Well-being and Help-Seeking.....	45
Observable Consequences of Not Seeking Help.....	51
Similarities and Differences.....	52
CHAPTER FIVE .....	55
Discussion and Conclusions .....	56
Limitations .....	63
Suggestions for Further Study .....	64
Final Thoughts.....	65
REFERENCES .....	67
APPENDIX A.....	72
APPENDIX B .....	78

## List of Tables

Table 1: Participant Demographics .....	28
---	----

## **Chapter 1: Introduction**

Many researchers agree that mental health services are vastly underutilized, even by the majority of those who are symptomatic and meet the criteria for mental disorders (Corrigan, Druss, & Perlick, 2014). Lack of treatment often results in worse clinical, psychosocial, and socioeconomic outcomes (Hantzi, Anagnostopoulos, & Alexiou, 2019). Such unaddressed mental health issues within the workplace create a clear detrimental impact on performance and the business's bottom line. A recent World Health Organization (WHO, 2019) report estimates that depression and anxiety disorders cost the global economy one trillion U.S. dollars each year in lost productivity. Organizational theorists such as Kets De Vries (1989), Bregman (2018), and Loehr and Schwartz (2001) have suggested that untreated or unaddressed challenges in high performing leaders can be detrimental to a business. In such cases, companies support (and may even breed) dysfunctional behavior. If an organizational leader's psychological makeup is unhealthy, then business plans, ideas, communications, and even the organization's systems and structure may reflect their pathologies (Kets De Vries, 2014).

Additionally, there is a tendency in many organizations for one or two senior executives to set the tone for the organization, which is then vulnerable to being influenced by those leaders' neurotic styles or pathology (Kets De Vries & Miller, 1984). A recent study (Li, Wang, Yang, & Liu, 2016) confirmed the tendency for leaders' psychological distress to crossover to their subordinates through abusive supervisor behaviors. Thus, there may be a legitimate risk for dysfunction at the top of an organization to flow down from the senior leadership to the lower-level managers and employees, creating a multiplicity of potential problems (e.g., disruption of leadership, low morale, acting out).



Whether evidenced by suicide rates amongst physicians (Poças & Pinto, 2016), substance abuse rates amongst attorneys (Madjidi & Salmons, 2017), or the emotional challenges of elite athletes (Rice, Purcell, De Silva, Mawren, McGorry, & Parker, 2016), it is clear that intellect, status, or talent do not make one immune to the detrimental impact or consequences of occupational pressure and stress (Castellucci, 2018; Murtaugh, 2017). Moreover, while such high-performing individuals have shown exceptional aptitude and achievement in their respective fields, their successes can also create vulnerability to mental health problems or substance abuse due to a variety of personal and systemic variables (Kets De Vries, 2012; Li, Schauboek, Xie, & Keller, 2018; Peluso & Guerra, 2005). Seeking out and clarifying these variables is the first step in better addressing and overcoming these issues. By identifying systemic factors that may predispose high performers to impairment and those that facilitate their well-being in the service of creating solutions, the promise of improved organizational performance and more consistent goal attainment may be realized.

How mental health and whole-person well-being affect performance has received increased attention over the last few decades (Bregman, 2018; Groppe & Andelman, 2000; Haylock, 2010; Levin, 1997; Quick, Gavin, Cooper, & Quick, 2000). McCall and Lombardo (1983) studied 105 executives from Fortune 100 Industrial organizations and concluded that the difference between those that succeeded versus those that were derailed (e.g., demoted, fired) was relatively small. They also noted engagement in self-directed growth as one factor that separated success from failure at the top. Executives in the study who did not falter in the face of crises or challenges were those who acknowledged their faults and did something about them. Similarly, Kets De Vries (2014)

suggests, “Executives who fail to recognize their irrational side are like ships facing an iceberg, forgetting that the greatest danger lies below the surface” (p. 109). Kets De Vries (2014) further emphasized that successful executives know how to combine reflection with action and use self-insight as a restraining force when “the sirens of power beckon them” (p. 109).

The training programs or occupational culture present around talented high performers often neglect their overall, whole-person well-being. Loehr and Schwartz (2001) suggest that “if executives are to perform at high levels over the long haul, they have to train in the same systemic, multilevel way that world-class athletes do” (p. 122). Drawing on their years of experience working within elite sport and business, they outline an integrated theory of performance management that addresses the body, the emotions, the mind, and the spirit. They and others (Barling & Cloutier, 2017; Bregman, 2018; Gerson, 2008) suggest that in order to keep up with the rapid and volatile changes present in the corporate environment, consistent high-level performance is necessary. Loehr and Schwartz (2001) echo the concern that short-sided approaches that neglect the whole person creates significant risk for executives and leaders. Whether in sport or business, high performance depends on how well people renew and recover energy as much as how they expend it. Feeling strong and resilient across the dimensions of mind, body, emotions, and spirit promotes peak performance and personal sustainability (MacGregor & Semler, 2012). Nevertheless, a subset of high performers may remain vulnerable to diminished well-being or performance due to various eco-systemic barriers to help-seeking behavior, including the pursuit of professional mental health assistance.

Some environments and occupations (e.g., law enforcement, military, medicine) tend to heighten and intensify the effects of stigma and treatment avoidance. Castellucci (2018) reported that within medicine, there is a macho culture. This is similar to what you might find in law enforcement and the military, wherein physicians hold the belief that you have to tough it out when experiencing difficulties or emotional challenges. A further systemic deterrent to physicians seeking mental health services is their fear of losing their medical license due to State licensure requirements being written with prohibitive language regarding mental illness.

Elite and professional sports environments are also known to have macho cultures wherein help-seeking may be deterred. Several factors (e.g., loneliness, isolation, stress, anxiety about job security, performance anxiety) may also heighten the risk for mental health issues for elite athletes, and yet, they are often especially prone to the effects of stigma due to their heightened public presence and fame (Gleason & Brady, 2017). A recent study (McGraw, Taylor, Deubert, Lynch, Nozzolillo, & Cohen, 2018) looked at how NFL players characterized the impact of playing professional football on their mental and emotional health. While the players universally expressed appreciation for their careers, 43 of the 45 players interviewed expressed that they had experienced at least one mental health challenge during or after their careers. Their experiences fell into five closely related categories: depression, anxiety, anger, loneliness/isolation, and stress. These problems varied in chronicity and severity, some lasting only a brief period while others were much more chronic and intense. Similarly, in the NBA, recent news reports and interviews with the league commissioner indicate that mental health concerns are quite prevalent throughout the league (MacMullen, 2018).

The purpose of this study was to identify eco-systemic barriers to help-seeking behavior amongst high performing individuals in elite sports and business in order to inform future action research and interventions. Sports and business have long had a strong relationship and parallels. Many books (e.g., Bar-Eli, 2018; Gerson, 2008; Gilson, Pratt, Roberts & Weymes, 2000; Groppel & Andelman, 2000) have been written drawing on athletic competition and sport as a means of informing organizational behavior and leadership. In recent years, several prominent athletes (such as Kevin Love, Brandon Marshall, and Michael Phelps) have disclosed their challenges with mental health issues attempting to break the stigma and encourage awareness and outreach to those suffering. By conducting in-depth interviews with sports psychologists, performance trainers, team physicians, and executive coaches, the current study seeks to answer the following:

- What systemic factors interfere with high performing executives' and elite athletes' ability to achieve and maintain whole-person well-being?
- What observable systemic factors inhibit or facilitate the seeking of professional mental health assistance by high-performing executives and elite athletes?
- What observable detrimental consequences may be attributed to high-performing executives and elite athletes not seeking help?
- What similarities and differences exist between the types of barriers to help-seeking present for high-performing executives and elite athletes?

Ultimately, this research study aspired to help inform innovation, change, and the further development of programs and policies to decrease stigma, increase awareness, and facilitate utilization of services by high performing individuals at risk.

## **Chapter 2: Literature Review**

The current study explored the challenges for senior executives and elite athletes to achieve and maintain whole-person well-being and the systemic barriers inhibiting these individuals from seeking help when distressed. This chapter reviews extant research and writing on the benefits of top performers maintaining whole-person well-being, the potential risks to their well-being posed by their positions, and the identified barriers and facilitators to help-seeking found amongst these populations. For the sake of this study, we looked at organizational stars, or top performers both in the context of the corporate world and the world of elite/professional sports. It is acknowledged that there may be some differences between these kinds of top performers, though there are many key similarities as well (Fletcher, 2011; Haylock, 2010).

Kets De Vries (2012) observed top-performing organizational stars. Kets De Vries (2012) described these individuals as a study in paradox in that they display many contradictory behavior patterns without consciously realizing it. The suggestion here was that these paradoxical behaviors were critical to these stars' success. High performance (or stardom) is not merely a matter of luck. These individuals create their luck through preparing themselves and then putting themselves on the line by seeking out more opportunities and taking more chances than others. The paradoxes observed included top-performing stars being able to balance the creative ability to manage short-term and long-term orientation, action and reflection, extraversion and introversion, optimism and realism, control and freedom, holistic and atomistic thinking, and hard and soft skills. Additionally, organizational stars are excellent at creating vision, possess high levels of emotional intelligence, take calculated risks; they are accountable for their actions,

tenacious, and have high energy. Finally, Kets De Vries (2012) explained that these top performers make heroic but often unsuccessful efforts to attain some form of life balance and whole-person well-being.

### **Whole Person Well-Being and Performance**

Chief executive officers (CEOs) and senior leadership can positively impact their organizations, creating value and contributing positively to the economy. Thus, safeguarding these leaders' health is of concern to all stakeholders, both within and outside of their organizations (Quick et al., 2000). Managerial and executive health has become of heightened concern due to increased performance pressures in the new global economy, demand for the creation of benefits and wealth, and the economic and organizational risks associated with the loss of leadership due to death or disability (Quick, Cooper, Gavin, & Quick, 2002).

In a recent study conducted in the UK, 60% of chief executives cited mental health in the workplace is the area of employee well-being with which they are most concerned (Dean, 2018). However, with as much attention as is given to employee health, until recently, less attention has been focused on executive health (Barling & Cloutier, 2017; MacGregor & Semler, 2012). A healthy executive, especially at the C-level of leadership, can enhance the health of many other people over which they have stewardship and enhance the overall health of the organization (and potentially society at large). Conversely, unhealthy leaders (with unaddressed personal issues: clinical or subclinical mental health symptomology, substance abuse, compulsive/addictive behaviors, pathological personality traits) can do real damage to themselves, the

organization, and may have a toxic effect on those whom they lead (Li et al., 2016; Quick et al., 2000).

Quick et al. (2002) defined executive health as having four dimensions: physical, psychological, spiritual, and ethical. They emphasized the importance of the whole person, noting that both spirituality and ethical character have their place in leaders' health. Physical health, which includes cardiovascular fitness, musculoskeletal strength, and muscular flexibility, creates the fundamental foundation for overall health and performance. Psychological health can be defined as the ability to cope with reality, the capacity to adapt to change, the ability to regulate and express emotion appropriately, and the ability to focus emotional energy into creative and constructive outlets. Psychological well-being is vitally important, as it affects the executive's ability to make good decisions. Their ability to cognitively process information and provide clear and accurate interpretations for decision-making is critical. Stable, well-adjusted executives enable their organizations and their members to be well adjusted, while executives with poor psychological health in the form of defensiveness or poor reality orientation may weaken if not destroy their organizations (Quick et al., 2000). Spiritual health would include individual purpose, commitment, personal values and principles, and passion. Spiritually healthy executives recognize there is more to life than the position they currently hold, are aware of higher-order life objectives, and maintain a more global view of their personal lives.

In some cases, senior executives and CEOs can use their positions and power to enhance the lives of the organization's members and the community. Character can be described as who you are when no one is watching. Ethical character is having the

strength to make the right decisions, even when faced with the possibility of immediate negative feedback. Character also facilitates executives' ability to make difficult decisions in the short run to ensure the best outcomes for all over the long run. It is clear that executives who are in good health across all four of these dimensions are unquestionably better equipped to focus their energies on high performance (Bernerth & Hirschfeld, 2016; Cooper, 2013; MacGregor & Semler, 2012; Quick et al., 2002; Quick, Bennett, & Hargrove, 2014; Rook, Smith, & Johnstone, 2018).

Three primary personal and organizational outcomes are emphasized in Quick's (2002) Executive Health Model. The first category is Individual Vitality, which is the ability to live with mental and physical vigor. Second is lower morbidity and mortality, which speaks to a decreased risk of disease and death. The third category is Organizational Health, defined in terms of the organization's ability to achieve high performance, remain adaptable, and maintain flexibility.

A recent study on leadership role occupancy (Li, Schaubroeck, Xie, & Keller, 2018) suggested that leaders' well-being affects their behavior, followers' performance and well-being, and the leaders' overall effectiveness. This study emphasized the impact of the leadership provided, a much more commonly researched topic. Studies have not addressed the impact that high profile, high stress, high pressure, and high-performance leadership positions have on the individuals who occupy them.

Kets De Vries and Korotov (2007) have suggested that programs dealing with the functional parts of business (e.g., marketing, operations, finance) also need to consider the emotional and behavioral sides of executive learning and development if they are going to have a transformational effect on participants. This is because participants often



intellectually embrace the new models presented only to struggle to implement them due to emotional factors.

Dean (2018) echoes the concern regarding high-pressure working environments; however, as noted, the focus of concern was on the employees rather than leaders. Interestingly, Dean (2018) also noted that upper leadership rarely drove well-being agendas and, in a small percentage of cases, they blatantly disregard or have little interest in employee well-being.

In their study of leadership and management in elite sport, Arnold, Fletcher, and Anderson (2015) looked at systemic factors that affect Olympic team performance directors' performance. They noted that past research into Olympic success consistently found that managing organizational-level systemic issues is often a distinguishing factor in teams' overall success. These systemic issues can include the influences of organizational culture, development opportunities, operations, and personnel. Their study highlighted various ways personal and environmental factors in place to support the performance directors' whole person well-being were perceived to contribute to their overall success. Psychological support systems, work-life balance, physical health promotion, and proper focus and executive functions were all aspects of well-being suggested to contribute to success within these high-performance settings.

### **High Performance and Associated Risks**

Research suggests that executives as a group tend to be healthier than the general population based on their socioeconomic status (Quick et al., 2000). However, their roles as leaders bring with it pressures, demands, burdens, and a unique set of health risks. Physical demands may include working long hours, hectic travel schedules, challenges

getting sufficient exercise, and poor diet due to living on the road and attending constant meetings. Top executives' psychological demands come from enormous pressures, isolation with classified knowledge, and decision-making responsibilities that cannot be shared or delegated and diminished or extinguished social support. The issue of social support is of significant concern, as social support is related to both physical and psychological health and is associated with lower levels of mortality and morbidity (Cohen & Syme, 1985).

In discussing the psychology of managers and executives, Quick et al. (2002) noted that these individuals tend to be predisposed to action, not reflection and introspection. Though they are often driven and have a high degree of ambition, these traits can, in some cases, lead to them taking on and internalize the emotional pain and suffering endemic to organizational life. Thus, putting their physical and mental health at risk. The struggles noted for many executives were around personal issues and challenges, interpersonal relationships, and their emotions.

Research into leaders' well-being has provided mixed results, indicating that occupying leadership roles has both the potential to be detrimental and beneficial to one's well-being (Li et al., 2018). The potential for detrimental impact is primarily associated with supervisory responsibilities and the accompanying high-level of psychosocial job demands. Leaders must perform their duties and exert considerable energy and effort in assisting and supporting their subordinates. The broad scope of high-level leadership responsibilities tends to include long working hours, heavy workloads, considerable uncertainty, and volatility. From these factors, it has been inferred that occupying

leadership roles depletes psychological resources and adversely affects well-being (Quick et al., 2000).

Li, Schauboek, Xie, and Keller (2018) sought to examine both beneficial and detrimental features associated with being a leader. By looking at the moderating influence of both job demands and job control on well-being using a wide variety of variables, they highlighted both positive and negative pathways associated with occupying leadership positions. Consistent with their hypotheses, they found that leadership role occupancy had significant adverse indirect effects through job demands and positive indirect effects through job control on well-being. Specific adverse effects were found related to developing chronic diseases and heightened stress response (cortisol production). Notable in their findings was that the negative impact of leadership role occupancy was sometimes offset by the positive impact of leader job control.

In many cases, executive life tends to be insular, creating isolation due to the lack of openness to those not perceived in some way as being peers of equal stature (Quick, Cooper, Gavin, & Quick, 2002). Arnold et al. (2015) also noted the isolating effects of leadership and managerial roles in elite sport. Kets De Vries (1989), a highly regarded psychoanalyst and organizational consultant, echoes this stating, top leadership in an organization is necessarily isolating in that it separates leaders from others and leaves them without peers, which he argues can result in their eventually being overwhelmed by needs for contact, support, and reassurance. Often the “loneliness of command” can cause leaders to internalize their problems rather than confide in others. Further, the value of relationships and community can either be lost or diminished as executives achieve higher levels within their company's hierarchy. Kets De Vries notes, when leaders lack a

confidant, they may suffer anxiety associated with loneliness and disconnectedness. He further states that leadership isolation can lead to frustration and anger, depression, and substance abuse and highlights if any of these dysfunctions persist over a long enough time, they can have dire consequences for the individual leader and their organizations.

In an essay on transformational executive programs, Kets De Vries and Korotov (2007) described various challenges commonly found amongst participants, including conflicted work relationships, career setbacks, self-doubt, imposter syndrome, fear of failure, boredom, burnout, and narcissistic issues. Regarding narcissistic issues, Kets De Vries (2012), in a later article, stated that sometimes a top performer's humility gives way to pride, selflessness to selfishness, and generosity to greed. In this case, leadership tips to the negative side and becomes toxic. The dark, dysfunctional and unhealthy qualities of narcissism come to the fore, and those possessing it can and often do damage the organizations with which they are affiliated. This trait (narcissism), which had been a key factor in their success at lesser levels, is now a major handicap, often causing them to become overly obsessed with success, intimidate others with their intensity, and push those that work for them too hard. Also argued to contribute to the risk of leader self-destructiveness are the pressures to maintain the image of infallibility and power, guilt surrounding success, and fears of being unable to perpetuate their success (Kets De Vries, 1989).

Turning attention to high performing athletes, it is interesting to note that studies have found that athletes at lower levels of competition have fewer mental health issues than those who do not participate. However, as athletes achieve the collegiate and elite levels of sport, this tendency reverses with studies citing an increase or higher frequency

of mental health issues in this population than those experienced in the general population (Weiland, Chow, & Bird, 2019). The explanation for this increase in high-performing athletes' clinical issues has been associated with the unique and additional stressors faced by these individuals. Stressors such as managing relationships with coaches, teammates, and family, increased demands, lack of time to sleep, the negative outcome of performances, and dealing with intense pressure have all been noted as contributors to the heightened risk of these high performers (Weiland, Chow, & Bird, 2019). An additional consideration that professionals working with athletes keep in mind is that performance-related issues such as burnout and performance anxiety may exist, and reflect the need for assistance, but may not represent a clinical issue. Athlete burnout symptoms may include emotional or physical exhaustion, reduced sense of accomplishment, and diminished interest in their sport.

Performance anxiety is a situational-specific form of anxiety that arises when performing before a public audience. Problematic and disruptive to performance, it may require attention and help but would not be considered pathological. Depression, anxiety, eating disorders, and substance abuse and addictive disorders have all been noted to be risks for high-performing athletes. Some epidemiological studies show that elite athletes have higher diagnosis rates for these conditions than the general population (Souter, Lewis, & Serrant, 2018).

Rice et al. (2016) explored the research base looking at the documented incidence and nature of mental health and substance abuse issues amongst elite athletes. Their study was challenged by the paucity of high-quality, systematic studies and intervention trials. Rice et al. (2016) suggest the uniquely intense mental and physical demands under which

elite athletes operate may increase their susceptibility to specific mental health problems, including depression, anxiety, suicide, eating disorders, and substance abuse disorders. While physical activity has been shown to affect mental health positively, there is emerging evidence suggesting intense physical activity performed at the elite level may compromise mental well-being, increasing symptoms of depression and anxiety through overtraining, injury, and burnout (Peluso & Guerra, 2005). Rice et al. (2016) also note that elite athletes face other unique stressors in the form of ongoing competitive pressures to perform at peak levels, the pressure of public scrutiny, interrupted support networks due to relocation, complicated group dynamics in team sports, and risk of career-ending injuries. How athletes appraise and cope with these stressors can largely determine their impact on their mental health and sports performance.

### **Help-Seeking Barriers and Facilitators**

Schein (1998) discussed the psychodynamics present in the context of organizational process consulting, indicating that potential consultees in need of help may feel a sense of being ‘one down’ should they reach out for assistance from a consultant. So much so that in many companies seeking a consultant's help is tantamount to an admission of being incapable of performing one's job. Schein (1998) further notes that consultees fear a loss of status due to having engaged a consultant's services. Schein (1998) states that it is not uncommon for inside consultants to feel frustrated because they often perceive themselves as capable of giving much more help than is utilized and that they are available to help, but no one comes to them. In a similar vein, while employee assistance programs (EAPs) are often provided as well-being initiatives within organizations, they are often underused and fail to achieve their full potential for similar

reasons as those described by Schein (1998) regarding consultation (Dean, 2018).

Therefore, the lack of access to assistance in many instances is not a primary reason for professionals' lack of help-seeking behaviors. These observations highlight the likely existence of systemic barriers to help-seeking behavior that go beyond just a lack of resources or access.

Stigma is consistently cited (Clement et al., 2014; Hantzi, Anagnostopoulos, & Alexiou, 2019; Karaffa, 2016; Kelley, 2010; Yamaguchi, Mino, & Uddin, 2011) as a barrier to help-seeking behavior. Stigma can frequently deter the initiation of help or professional services by individuals suffering from mental health problems because of the potential negative labels associated with receiving such services. Thus, reducing stigma would appear to hold power to improve access to services and improve mental health outcomes. However, a recent synthesis of quantitative studies provided evidence that mental health-related stigma has a small to moderate detrimental impact on general help-seeking behavior for mental health (Clement et al., 2014). As the effect sizes observed in the synthesis were small to moderate, it is safe to conclude that stigma is one of but not the only cause of individuals' avoidance of seeking assistance. This gives rise to the question of what other systemic barriers might exist.

Hantzi et al. (2019) examined both barriers and facilitators to help-seeking. Their exploration of stigma highlighted the effects of negative beliefs about mental illness and self-stigma on the attitudes developed about seeking professional psychological help. Path analysis showed that these two factors were highly interrelated and powerfully influential on discouraging help-seeking. Thus, they emphasize attitudes regarding seeking psychological help as one of the most critical barriers to mental health services'

actual utilization. According to Hantzi et al. (2019), negative attitudes regarding help-seeking were more directly influenced by self-stigma than public stigma. Self-stigma representing the internalization of public stigma. Potential facilitators of mental health help-seeking discussed by Hantzi et al. (2019) included healthy social support systems, symptom severity, and wish for change. Additionally, direct or extended contact with people with mental illness has been posited to decrease prejudice and reduce stigma toward mental health help-seeking. Thus, having a facilitating effect on accessing services. Furthermore, early detection and intervention have also been shown to be vital in improving treatment outcomes.

Research suggests that sex differences in help-seeking behaviors exist, as do notable differences in how men and women respond to mental distress (Biddle, Gunnell, Sharp, & Donovan, 2004). Men generally appear less likely to seek help and often wait until they reach more extreme symptomology and distress levels before doing so. This increases the risk of men reaching points of crisis and suicide (Biddle et al., 2004). Biddle et al. (2004) also found that men were less likely to access even informal sources of help and support, suggesting that men's help-seeking resources are more limited than those of women. Women's tendency to confide in friends and family increases the likelihood that those with mental disorders reach early medical attention, owing to friends and family helping them find professional resources. Karaffa (2016) further reported that female police officers held more positive attitudes about help-seeking and mental health treatment than their male counterparts.

Kets De Vries and Korotov (2007) indicate that senior managers often feel more comfortable participating in group seminars to deal with internal issues (opportunities or



challenges), as participating in such programs is perceived as more accessible than making an appointment with a helping professional (even if that professional is an internal consultant or executive coach). They noted, only recently has it become acceptable to work with a coach, as this was formerly seen as a sign of weakness. This perception of weakness was particularly prominent in cultures where asking for help with one's behavior or emotions is not common. With that said, they emphasize the challenge of helping executives overcome their "resistance" to looking deeper into themselves or at their organizational issues through the lens of their leadership behavior and personal development. They highlight the impact of defensiveness and defensive behavior, stating how these can lead to the failure to use the opportunities and resources available to leaders and executives. Overcoming defensive barriers (within themselves or others) is often key to identifying the central issues needing to be addressed within their organization. Change is inherently tricky and changing oneself is often one of the most significant challenges executives face.

However, with C-suite and senior executives, asking for help is incredibly difficult due to their being watched closely by internal and external stakeholders (Kets De Vries & Korotov, 2007). Whether it be due to the watching eyes of employees, shareholders, or board members, business leaders may feel the pressure to be viewed as beyond reproach, flawless, and free of human weakness. Paired with the aforementioned loneliness of command, such executives are in a highly vulnerable and precarious position where the need for added support or assistance may be significant. However, the potential exposure to unwanted public and stakeholder judgments are high.

Many reasons have been offered (Gulliver, Griffiths, & Christensen, 2010) to explain why adults do not seek professional help for common mental disorders, including negative attitudes towards seeking help generally, concerns about cost, transportation, or inconvenience, confidentiality or other people finding out, feeling they can independently handle the problem, and the belief that the treatment will be ineffective. The available research on elite athletes indicates that they may experience a prevalence of depression similar to (if not higher than) that of the general population and have less favorable attitudes toward seeking help than nonathletes (Griffiths, Christensen, Mackinnon, & Calear, 2012). A review examining why people avoid seeking professional mental health treatment suggested stigma and embarrassment, problems recognizing symptoms (lack of mental health literacy), and a preference for self-reliance were key barriers to seeking help (Gulliver, Griffiths, & Christensen, 2010). Additional, less frequent themes noted of relevance to this study included preferences for seeking help from other sources (e.g., family members, coaches), concern for the effect on career, and difficulty or unwillingness to express emotions.

Elite athletes face numerous barriers that can deter them from seeking help. These barriers include lack of time, negative past help-seeking experiences, a perceived lack of mental health resources, and not knowing the signs and symptoms of mental health issues. Both personal and perceived public stigmas have also been cited as barriers to accessing help by elite athletes (Weiland et al., 2019). Judging oneself, the fear of being judged by others, and the fear of being perceived as weak and found to be seeking help all present forces that can reduce the likelihood that an elite athlete or high performer will seek help. It is not uncommon for elite athletes or high achieving individuals to not want

to engage in treatment for mental health concerns because their growing up in competitive environments where winning is emphasized and asking for help may be perceived as weakness. This can lead to the concealment of symptoms, clinical conditions, and other various forms of need for assistance (Weiland et al., 2019).

Rice et al. (2016) echoed that elite athletes tend not to seek mental health services due to stigma, lack of understanding about mental health and its impact on performance, and the perception of help-seeking as a sign of weakness. They further reported evidence suggesting that some sports governing bodies may continue to be minimizing the relevance and significance of mental health within this population. Should this be the case, athletes would likely be inhibited from raising their mental health concerns or seeking help.

A qualitative study (McGraw et al., 2018) examined how National Football League (NFL) players and family members characterized the mental and emotional impact of NFL careers on the players. This study offered some specific insights into barriers to seeking support in this highly competitive sports environment. One barrier emphasized was the environmental expectation that players should think and behave as if they were invincible and not show or admit to weaknesses. This was reinforced by the admiration given to players who appeared tough. This reportedly led to many players not seeking help for physical or mental distress, despite recognizing that they might need it. The report echoes the impact of stigma on mental health challenges, noting that many players are inclined to deal silently with their struggles.

Another significant barrier to NFL players receiving mental health treatment was that seeking such services would get back to team management and negatively affect

their careers. As a result, players reportedly concluded treatment earlier than ideal due to concerns of being undependable or lingering in treatment. Mistrust of management and concerns regarding potential conflicts of interest led players to utilize counseling services unassociated with the NFL. These concerns were not unfounded as at least one subject indicated confidentiality breaches between their therapist and the team. The mistrust expressed was also extended to teammates, with players indicating a tendency to keep their problems to themselves due to the ongoing competition and “fighting for a job” (McGraw et al., 2018, p. 419).

Prior research suggests many NFL players are unaware of the programs and benefits available (Deubert, Cohen, & Lynch, 2016). However, McGraw et al. (2018) found that 21 of the 25 players interviewed stated that they either did not or would not have sought help for emotional concerns even if they were aware of the services available. Additionally, players cited the administrative difficulty of enrolling (e.g., complex Internet-based sign up) in support programs as prohibitive or creating additional barriers. Finally, finding time and energy to maintain emotional health was noted as a significant challenge due to the emphasis and priority given to physical health and performance.

The literature on mental health treatment seeking in the similarly high-pressure, high-demand military environment suggests that strong stigma exists for soldiers seeking treatment for posttraumatic stress disorder (PTSD) that consequently inhibits the number of people in need who seek help (Kelley, 2010). In an unpublished dissertation looking at organizational factors related to help-seeking in military members, Kelley (2010) hypothesized that an environment in which the organization cares about the employees'

well-being should support treatment for psychological problems. Kelley (2010) suggested that such an atmosphere within the organization would decrease the stigma of psychological problems and that employees who perceive strong organizational support would be less worried about the presumed negative consequences of seeking treatment. Kelley (2010) found that perceptions of organizational support were negatively correlated with treatment-seeking and stigma. There was not a connection between stigma and treatment-seeking behavior. Kelley (2010) discussed the possibility that soldiers with high perceptions of support within their command may be less inclined to seek treatment when they first experience PTSD symptoms due to their being able to rely on the support around them.

In studying help-seeking and stigma within the context of law enforcement, Karaffa (2016) explored pluralistic ignorance, a phenomenon in which individuals in a group privately reject a belief, feeling, or behavior. However, they believe that other group members privately accept it. Karaffa (2016) suggested that such misperceptions of others' attitudes could have several effects within a group, including provoking feelings of shame within members who mistakenly believe their internal attitudes are divergent from the majority. Further, the misperception of norms may lead group members to change their behaviors to align with the false norm. In fact, Karaffa (2016) found pluralistic ignorance among police officers regarding seeking mental services was present (officers underestimated the likelihood that their peers would seek services) and reinforced the maintenance of stigma, serving as an added barrier to service utilization. As expected, public stigma was negatively associated with attitudes toward seeking professional psychological help. Police officers who believed the general public reacts

negatively to people with mental health challenges reported more negative attitudes toward seeking professional services. Self-stigma, perceiving one's behaviors or attitudes as not socially acceptable, was also correlated with negative attitudes toward seeking help. Self-stigma was accordingly reported to be among the strongest predictors of attitudes toward help-seeking. Interestingly, officers who had voluntarily sought mental health services in the past also reported lower self-stigma scores compared to officers mandated to complete services or who had not sought services at all. This supported the construct validity of self-stigma within the measures he used and suggested that such self-stigma measures may help predict actual help-seeking behaviors.

### **Summary**

Despite their amazing level of talent and achievement, top performers often make heroic but unsuccessful efforts to attain balance and well-being (Kets De Vries, 2012). Research into leaders' well-being has provided mixed results, indicating that occupying leadership roles can be both detrimental and beneficial to one's well-being (Li et al., 2018). High-level leadership responsibilities require long working hours, heavy workloads, considerable uncertainty, and volatility and have the potential to deplete psychological resources and adversely affect well-being (Quick et al., 2000). Additionally, leadership isolation, pressures to maintain the image of infallibility and power, guilt surrounding success, fears of failure, conflict in relationships, setbacks, self-doubt, boredom, burnout, and narcissism were noted all noted as additional threats to executives' health and well-being (Kets De Vries, 2012).

The well-being of elite athletes is similarly at risk due to having to manage relationships (coaches, teammates), constant high demands, lack of time to sleep,

negative performance outcomes, burnout, and performance anxiety (Weiland et al., 2019). As well as competitive pressure to perform at one's peak, elite athletes deal with public scrutiny, disruption of support due to relocation, and the risk of career-ending injuries (Rice et al., 2016). This may contribute to epidemiological studies showing elite athletes have higher rates of depression, anxiety, eating disorders, and substance abuse and addictive disorders than the general population (Souter, Lewis, & Serrant, 2018).

Since there is a clear risk of disruptions to mental health and overall well-being for top performers in business and sport, understanding the barriers and facilitators of help-seeking behavior intended to address these risks was explored. Feared loss of status, stigma (Hantzi, Anagnostopoulos, & Alexiou, 2019; Karaffa, 2016), negative attitudes about seeking services, sex differences (Biddle, Gunnell, Sharp, & Donovan, 2004), concerns about cost, inconvenience, and confidentiality, self-sufficient attitudes, problems recognizing symptoms, and the belief that treatment will not help (Gulliver, Griffiths, & Christensen, 2010) were all found to be potential barriers to help-seeking as was lack of time, negative past help-seeking experiences, concern for the effect on career, difficulty expressing emotions, and fear of exposing weakness (McGraw et al., 2018). Noted help-seeking facilitative factors included: healthy social support systems, symptom severity, desire for change, direct or extended contact with people with mental illness, early symptom detection, providing assistance in a peer-based format and under the guise of personal, performance, or leadership development (Kets De Vries & Korotov, 2007).

### **Chapter 3: Methods**

This chapter describes the methods used for this study. It begins by restating the purpose of the study and the accompanying research questions. This is followed by an outline of the research design and sampling methodology. Then, a full description of participants is provided in table form and a list of key operational definitions. Finally, a description of data collection and analysis procedures is offered.

#### **Research Purpose**

The purpose of this study was to explore possible systemic barriers to help-seeking experienced by high performing business executives and elite athletes as perceived by performance trainers, executive coaches, team medical staff, and sports psychologists who work with these populations. Four primary research questions were defined:

- What systemic factors interfere with high performing executives' and elite athletes' ability to achieve and maintain whole-person well-being?
- What observable systemic factors inhibit or facilitate the seeking of professional mental health assistance by high-performing executives and elite athletes?
- What observable detrimental consequences may be attributed to high-performing executives and elite athletes not seeking help?
- What similarities and differences exist between the types of barriers to help-seeking present for high-performing executives and elite athletes?



## **Research Design**

This study utilized a qualitative research design, as such designs are known to be highly effective for exploratory inquiry and tend to produce a depth of insights about the phenomena being studied, unable to be achieved through strictly quantitative methods (Creswell, 2018). Therefore, a semi-structured qualitative research interview approach was applied. It was hoped that by utilizing this approach, participants' interview responses would provide the rationale for additional explanations to deepen my understanding of the research questions in a way that would assist in further developing theory, explanatory models, and potential future action research (Creswell, 2018).

## **Sampling/Participants**

13 participants were interviewed in a semi-structured format with the primary aim of being able to explore in-depth the possible dynamics and systemic barriers to help-seeking amongst the target population. Convenience and snowball sampling strategies were implemented to identify subjects and achieve an adequate sample size. Convenience sampling was achieved through drawing upon my present personal, professional, and academic networks. Snowball sampling built upon the convenience sample by requesting additional qualified contacts from the established participants.

To qualify to be a participant in the study, the professionals had to be in a direct support role to executives or professional athletes in the form of being a performance trainer, executive coach, a sports psychologist, team physician, or similar role. The key was that they had direct and intimate contact with the population(s) of interest (pro/elite athletes or high-level business executives). All participants had a minimum of eight

years of experience in their respective roles to ensure their having adequate perspective and experience to draw on.

**Table 1*****Participant Demographics, Roles/Positions, and Experience***

<b>Gender</b>	<b>Location/Region</b>	<b>Role</b>	<b>Position</b>	<b>Professional Experience</b>
M	USA - SW	Executive Coach/Performance Consultant	Managing Partner/ External Consultant-Sport Psych	19 years
M	USA - NE	Mental Skills Coach	MLB -Mental Skills Coach	16 years
M	USA - NE	Executive Coach/Internal Consultant	Head of Executive Coaching, Investment banking firm	10 years
M	Australia	Sport and Performance Psychologist	Senior Neuroscientist	8 years
F	Australia	Sports Psychologist	Sport Psychologist - Olympic Team	14 years
M	Australia	Performance Psychologist	External Consultant/Sports Psychologist	12 years
F	USA - NW	Executive Coach/External Consultant	Managing Partner - Consulting firm	40 years
F	USA - NW	Executive Coach/External Consultant	Managing Partner - Consulting firm	17 years
F	USA - NW	Executive Coach/External Consultant	External Consultant - Consulting firm	20 years
M	USA - SW	Sports Med Practitioner	Team Doctor- Pro/Olympic teams	18 years
M	USA - SW	Sports Med Practitioner	Team Doctor- Pro/Olympic teams	23 years
F	USA - South	Consulting Psychologist	Managing Director, Large professional services firm	13 years
M	USA - SW	Sports Psychologist	NFL/MLB/Olympic team psych	13 years

## **Operational Definitions**

For the sake of clarity regarding the variables of interest in this study, the following definitions are operationalized: Highly Performing Individuals, Help-seeking, and Systemic Barriers.

***Highly performing individuals.*** For the sake of this study, high performing individuals of interest were either senior managers, C-level business executives, or elite/professional athletes. They were studied through the perceptions of professionals working within their settings that offer supportive or performance-related services. The individuals of interest were those who may have exhibited or reported clinical or subclinical mental health symptomology, those who exhibited interpersonal dynamics indicative of character issues or dysfunctional personality traits, or those who have incurred relationship, legal, or occupational consequences as a result of unaddressed personal issues. Since this study explored systemic barriers to help-seeking behaviors, a particular focus was on those who had not sought professional assistance despite the observable need.

***Help-seeking.*** The active pursuit of professional services oriented towards improving mental health or personal well-being. Examples would include but may not be limited to seeking psychotherapy services from a licensed mental health professional or pursuit of a psychiatric medication consultation.

***Systemic barriers/facilitators.*** Environmental factors that inhibit (or facilitate) individuals from developing the motivation, intention, or actual behaviors associated with help-seeking. Examples of possible systemic barriers include cultural norms, public stigma concerns, and positionally-determined isolation.

## **Data Collection Procedures**

Qualified participants were identified, interviews were scheduled, and a written informed consent form (Appendix A) was emailed. The informed consent form was also reviewed verbally, and questions answered at the interview time. Informed consent included a description of the purpose and aims of the study, notice that participants could discontinue their participation at any time for any reason, and a description of how their confidentiality and privacy would be protected as well as how the data and recordings collected would be stored and protected.

Following the informed consent protocols, a semi-structured interview (Appendix B) of approximately 60 minutes was conducted either in person, telephonically, or via video conferencing. All interviews were recorded digitally. Initially, necessary information regarding the participants' professional role, years of experience, and types of clientele served (executives and/or athletes) were collected. Following gathering this information, the structured open-ended interview questions commenced. Clarifying and deepening follow up questions were pursued as opportunity and need arose. A professional transcription service transcribed the recordings of the interviews. Transcripts were subjected to a qualitative data analysis described below to assist with coding and to mine the raw interview data for meaningful patterns.

## **Data Analysis**

As described by Miles et al. (2013), content analysis was used to examine the qualitative data. The following steps were followed:

1. Each interview transcript was read several times to confirm their accuracy and become familiar with the responses' general nature.

2. Any easily quantifiable data was summarized into meaningful descriptive statistics (e.g., frequencies, means, rank ordering).
3. The first round of coding focused on identifying the main ideas present in each block of text (meaning unit). A meaning unit represents a block of text (e.g., a single word, a phrase, or an entire paragraph) that reflects one cohesive idea.
4. After the initial round of coding was completed, the data was reorganized as needed. Coding meant to bundle meaning units was applied and reviewed. Further analysis looked to assess emerging themes, splitting out broad categories as needed into smaller categories, and then reorganizing data again as needed with the goal of deriving approximately five to seven themes.
5. When the thematic analysis was complete, and the wording and hierarchy of the codes adequately reflected the data, the number of participants reporting each theme was determined. The data was then organized into summary descriptive statistics.

## **Chapter 4: Findings**

The purpose of this research was to identify eco-systemic barriers to help-seeking behavior amongst high performing individuals in professional sports and business in order to inform future action research and interventions. The semi-structured interviews conducted attempted to answer the following questions:

- What environmental and systemic factors interfere with high performers' ability to achieve and maintain whole-person well-being?
- What environmental and systemic factors have been observed that inhibit or facilitate high-performing individuals seeking professional mental health assistance?
- What detrimental consequences have been observed that may be attributed in part to the barriers to help-seeking experienced by executives and athletes.
- What are the similarities and differences between the types of barriers to help-seeking present for business executives and elite athletes?

Additionally, the interviews pursued the interviewees' best estimate of the scope and prevalence of inhibited help-seeking as well as their clienteles' relative level of vulnerability to mental health issues. The interviews also sought insights into the facilitation of help-seeking and wellness. This chapter presents the results of the 13 interviews with six executive coaches/consultants and seven pro/elite sports professionals (i.e., team doctors, psychologists, mental skills trainer) and outlines the key themes that emerged in relation to the research questions.

## **Estimated Scope and Prevalence**

In the spirit of being exploratory and avoiding making assumptions regarding the prevalence and scope of help-seeking inhibition and mental health vulnerabilities amongst elite athletes and executives, the following questions were asked of the interviewees:

1. In your experience, is it particularly difficult for your clients/athletes to seek assistance or help?
2. By your estimation, what percentage of your clients/athletes who need help do not seek help?
3. In your experience, do you think this subset of your clientele (senior executives – pro/elite athletes) are more or less vulnerable than average to mental health challenges?

In response to the question of whether it is difficult for their clients/athletes to seek help, it was most common (6/13) for the interviewees to state that it depended on what kind of help (e.g., physical, medical, mental) we were talking about, the age of the person and the industry they work in, and whether it was independently pursued. Among these respondents, it was widely acknowledged that the pursuit of mental health services was more difficult for their clientele than seeking other forms of help. Interestingly, this was the most typical response from Executive Coaches (4/6). The remainder of the responses were “Yes” (5/13) and “No” (2/13). The highest number of “Yes” responses (4) came from those working with elite athletes. Both of the two “No” responses came from individuals who work in sports as embedded members of their respective teams’ staff. One of the participants, a southern California based executive coach and performance



consultant with experience working in both sport and business, stated the following in response to how difficult it is for his clientele to seek help:

I do not think it is as difficult as it once was in the corporate world. I think the executive coaching funnel has created a pathway for what we call help-seeking. (This) for folks that maybe did not exist a decade ago. In the sports world, (it's) still complicated, I think... changing, shifting in the right direction as it becomes a more acceptable paradigm, but I think still a bit challenging.

Concerning the question of what percentage of the interviewees' clientele needed help but do not seek help, responses were wide-ranging, with the sports professionals reporting anywhere from 5-70% of their clientele falling in this category and the executive coaches reporting anywhere from 0-60% of their clientele. Mean responses were 23.1% and 27.5%, and median responses were 15% and 25% for athletes and executives, respectively.

Finally, 12 responses to the question of whether senior executives and elite athletes were more or less vulnerable to mental health challenges yielded mixed results. 5 of 12 respondents indicated their perception of this subset of their clientele were less vulnerable to mental health challenges, while four estimated they were just as vulnerable as anyone, and three believed they were more vulnerable than average. Interestingly, the executive coaches responding ( $n = 5$ ) about executives all indicated their clients were either the same (1/5) or less vulnerable (4/5) to mental health afflictions. At the same time, sports professionals ( $n = 7$ ), in most cases (6/7), supposed that their athletes were either the same (3/7) or more (3/7) vulnerable to such challenges.

### **Key Themes**

While conducting the interviews, multiple themes emerged as notable around the key research questions. The following section highlights those key themes, discusses relevant similarities and differences between sports professionals and executive

coach/consultant contributor responses, and provides direct quotes from the interviewees as appropriate for context.

### **Systemic Factors Inhibiting Maintenance of Well-Being**

Five primary themes emerged from a total of 88 coded responses to the question, “What inhibits or interferes with some executives (or athletes) from maintaining their overall well-being?” The top two themes were logistical challenges (e.g., travel schedules) and potential career consequences (e.g., fear of job loss), each being referenced 21 times. A third prominent theme was that of positional influences (e.g., isolation of leadership). Team and organizational cultural influences (e.g., no space for being open with emotions, celebrating overextension) and structural/policy issues (e.g., lack of return-to-work policy) were slightly less prominent, being referenced 14 and 13 times, respectively.

**Logistical challenges.** The demanding schedules and time constraints of both senior executives and elite athletes were mentioned as significant factors disruptive to these individuals’ ability to maintain their overall well-being, with 11 of 13 interviewees responding with some form of reference to time. Noted was the impact that their schedules had on finding time to engage their lives in a balanced manner. According to sports professionals, athletes, while emphasizing their physical health, often neglect other areas of their life, including their mental health, relationships, and spirituality. Whereas according to the executive coaches/consultants, senior executives may have their career and financial life in order, but in some cases to the neglect of their physical and emotional health or their relationships.

A similarly disruptive factor to maintaining well-being amongst these populations highlighted by the support professionals was that of intensive travel schedules, with 7 of 13 interviewees responding. This was particularly true for elite and professional athletes (5 responses) who often are on the road away from support systems and, in some cases, live in a different city from where they play their sport (2 responses). Respondents noted travel impacted such things as diet/nutrition, relationships, exercise routines (for executives), and the ability to seek mental health services consistently.

**Potential career consequences.** The impact of the high-pressure environments that senior executives and elite athletes operate in was noted in 10 of 13 interviews. The pressure to perform highly to maintain one's position (or roster spot for athletes) was described as having the ability to disrupt maintaining balance and overall well-being. Respondents reflected that their clients/athletes taking the time to address nonwork-related aspects of their lives are sometimes viewed as distractions and devalued. The highly competitive nature of their environments creates fears of losing one's job or position on a team and may motivate behavior that does not promote whole-self well-being (6 responses). The environmental stresses and resultant impact on judgment was another factor present within this theme (5 responses). Expressly, the respondents indicated that their clientele would sometimes make poor decisions related to self-care and well-being, largely influenced by concerns for maintaining their position and/or leadership credibility due to high stress.

**Positional influences.** Interviewee responses highlighted the impact of position-specific factors on the inhibition of maintaining well-being (19 responses). This cluster of responses included issues of isolation (for business leaders and pro athletes), lack of

prioritizing self-care amongst executives, heavy emphasis on external outcomes without reflecting on personal impact, and undue pressure for athletes to compromise their well-being in order to “stay on the field.”

**Organizational or team cultural influences.** This theme was reflected in a total of 14 responses. Specific coded responses were wide-ranging but reflected “how things were done” either within specific organizations or teams. Cultures of overextension and overwork were noted, as were some accompanying embedded systems and approaches to tracking productivity. As highlighted by a consulting psychologist at a professional services firm speaking about such cultural artifacts:

It's all fun and games. It all looks good on paper. We're all in it, but what I don't think trickles down to the employees is a safe opportunity. I don't think it works if a senior leader is saying, ‘Hey, listen, take care of your well-being, take that PTO.’ When we've got a system where I can see who's working and who's not working. If your green light is on a Sunday at 7 pm, you shouldn't be doing that. You should be enjoying friends with your family, but if that leader's light on is on at 7 pm on a Sunday, nobody's going to buy off on that. I think people feel like they're losing their edge, they're losing their competitive spirit.

Further cultural influences were reflected in four responses indicative of limited tolerance for exhibiting or expressing emotions with an emphasis on maintaining privacy/secrecy over encouraging openness/vulnerability. A couple of responses even described “enabling” cultures wherein negative behaviors contrary to the individual’s well-being were “swept under the rug” through legal actions (e.g., settling a sexual harassment suit) without any follow-through to address underlying causes or problems.

In elite and professional sports, a couple of key specific cultural influences that affect the maintenance of athletes' well-being were the tension and mistrust between players and management (“the suits”) and the background and attitudes of coaches.

**Structural and policy issues.** This theme emerged in 13 responses. Coded responses related to this theme included: Poor organizational awareness (specifically related to employee mental health/wellness), lack of risk management related to executive/player wellness, lack of mental health referral networks, the absence of a clear return to work policies (in the case of need for a leave of absence), the impact of collective bargaining agreements in pro sports, and large organizations being too big to “be in touch” with employee well-being. Regarding the lack of “return to work” policies, one sport and performance psychologist relayed the following:

If someone needs to take a couple of weeks or months or some time off to manage their depression because it's crippling... what does that look like for this person to come back? And how do we stage them back? How do we support them there? To my knowledge, and in my experience (within pro sports), there really isn't much set up, and having worked with a couple of people in that scenario... there was a lot of (need for) the practitioner and the athlete having to develop it.

An internal consulting psychologist shared a similar sentiment regarding the unique challenges of establishing a system for both allowing a senior executive to “take time out” to address mental health or substance abuse issues as well as how to reintegrate them back into their work following such leave.

### **Systemic Factors Inhibiting Help-Seeking**

Six primary themes emerged from a total of 122 coded responses to the question, “In your experience, why don’t some high-performing people seek help?” and related follow-ups, “Why does this population (senior executives/elite athletes) specifically not seek assistance regarding their mental health and personal well-being?” and “Within environments where ample resources and access to help are present, what barriers inhibit help-seeking?” The most common theme was that of stigma, representing approximately a third of all coded responses (40 responses). This was followed by a trio of themes

(isolation of position, service factors, and lack of awareness), which had similar response rates of 22, 20, and 18 responses, respectively. A common and almost universally agreed upon theme (12 of 13 participants) was the theme of time and travel related challenges. A final, less common but intriguing theme of avoidant defensive routines also emerged with 10 coded responses.

**Stigma.** Coded responses in this thematic category included a consensus amongst all participants interviewed (13 responses) that the individuals they worked with were hesitant about seeking help for mental health due to feared career consequences (e.g., athletes being cut from a team, executives losing credibility with peers or subordinates, and loss of opportunities for both). Several direct acknowledgments of stigmatizing attitudes (public and personal) existed and were faced by the participants' clientele (eight responses). The following response by an internal consulting psychologist captures what was echoed by most participants working with executives:

We want to say... that culturally, we're working on normalizing the experience of mental illness, and we're reducing stigma. I just don't see that it's we're getting a lot of traction at this level (senior leadership) because I think that these folks feel uniquely targeted in terms of the prominence of their role and responsibility. There is there are real-world business risks to coming forward with a mental illness. And it can impact operations, can impact credibility, leadership, presence... and as much as we don't want it to, I think it flat out still exists. And I think those are barriers to overcome. As a senior-level executive (or) C suite level individual, it's hard to find relatability... So, I think there's stigma, and I think there are consequences for coming forward. Some might be good; some might not be so good. I think they feel very alone, isolated.

The effects of the highly competitive environments were acknowledged in a total of nine coded responses. Participants related that due to the fiercely competitive environments their clientele worked in, they were inclined to keep their challenges undisclosed and not seek help. Loss of reputation, leadership image, and perceptions of weakness (especially

within the macho culture of elite sports) were highlighted as specific reasons for the inhibition of help-seeking behavior. The reality of how elite athletes may be affected by acknowledging their challenges with mental health issues was highlighted in the following response by a sports psychologist in Australia:

I think there's a reality to it. I think they, like many of us, may overestimate the impact. But certainly, when you're going into a very high-pressure event, people don't want to take anyone who's perceived to not be able to cope, and that might likely have an impact if you are a bit borderline (mentally). I see how (athletes) would be nervous about that. And, you know, it may play into some coaches' minds.

A team physician for multiple professional sports teams also related a similar perception:

I'd say a lot of them are cautious about (seeking help)... especially guys that are on the bubble. So, let's say somebody's rising up, and they're on the bubble trying to make the 40-man (MLB) roster. They've been called up to this spring training camp for the big leagues, but they're going to be put back down to triple-A after spring training. They're just being tried out. Right now, let's say he's suffering from anxiety or something else. They don't want to say 'boo' (about this) ...because they don't want anything to disturb their chances. And so, the pressure mounts.

Interestingly, even when seeking help, some executives were noted to behave in ways that reflect the strong stigmatization of their pursuing support. This was particularly evident in the following response of an executive coach from the Pacific Northwest:

I have CEOs who hire me, and nobody can ever know about me. I'm a secret... only the executive assistant knows about me. Nobody knows that I exist nor that I help... I sort of, you know, slide in... I'm not introduced to anybody. Nobody knows. That's happened a number of times. One CEO I coached for over eight years, and no one ever knew about me.

**Isolation of position.** This theme captured 22 coded responses reflecting perceptions of senior executives and elite athletes as partly being inhibited in their seeking and accessing support services due to the isolating effects of their respective positions. There was a commonly shared dynamic noted by both sports psychologists and executive coaches (eight responses) interviewed in the form of both executives and elite

athletes tending to emphasize self-reliance in approaching their work. This dynamic was seen as influencing help-seeking inhibition as seeking professional assistance conflicts with the self-reliant stance of many in these high-profile positions.

Five executive coaches responded that the “isolation of leadership” often inhibits help-seeking in senior executives. Those interviewed noted that some senior executives become increasingly isolated as they no longer have as many peers, and in combination with the tendency toward self-reliance, this may at times inhibit the pursuit of needed assistance. One highly experienced coach expressed the following related thought about isolation and CEOs:

CEOs are very isolated. It's hard for them to get the truth because whoever is talking to them often has their own personal agenda for what they're saying, what they're communicating, and the perspective with which they're offering it. The person may be protecting their own self-interest or their team's interests. And the board members have an agenda. Their truth is filtered through whatever it is that they want to accomplish. Which is why I think the role of helpers or coaches is so critical for CEOs, especially; everybody needs to just talk out loud... Just say whatever there is to say about team members or what's going on in the organization. Just to hear yourself, talk and think and hear your own perspective, without someone latching on to it and thinking it's the truth or spinning out about it or freaking out about it. So that is the role of a skilled listener who is unattached. And I think it is life-saving for most CEOs. I think it is especially for CEOs, some of the other C-level executive positions, they have each other, they can bond together with the head of marketing or the head of people ... and they often do that. The CEO (however) is a very isolated position.

Noted amongst the sports professionals were two uniquely isolating factors experienced by professional athletes. One, a tendency for players to experience a shrinking of their support systems due to a tendency to withdrawal in a protective manner following their receiving a professional contract and the associated money and fame (three responses). Similarly, it was noted that many professional athletes isolate due to the public spotlight and lack of privacy that accompanies fame (e.g., inability to be in public without being recognized, the intrusiveness of fans and press into private life) (five responses). These



isolative factors were thought to inhibit help-seeking behavior from the standpoint of narrowing the individual's opportunities to have their challenges discussed or recognized by others in a way that would facilitate their getting help.

**Service factors.** This thematic category captures 20 coded responses that focused on the services available and how those services are accessed or delivered within the systems of interest. Two significant subthemes of note here were the uncertainty in the quality of services available within the internally available systems (e.g., EAPs) (six responses) and issues of trust and confidentiality (six responses). These two subthemes represent a commonly shared dynamic for both senior executives and elite athletes. In both cases, the interviewed support professionals expressed the perception that some executives and athletes in need question the available mental health professionals' ability to understand their circumstances and the unique pressures they face in their respective competitive environments.

An Australian sports psychologist relayed the following thought on how some elite athletes react to those offering clinical services, "I wonder...how much can these people help me... they don't understand my life." In discussing this challenge with senior executives, the internal consulting psychologist interviewed stated the following:

We understand the business case that if mental illness hits our executive levels, it's hugely costly... probably eight to 10 million bucks... retention costs, investment, client productivity, you name it... But if I can't get them in the door, I can't get them in the door. I've found that hitting the mental illness space with too much emphasis wasn't relatable (even though) you'll hear senior leaders say, 'Oh yeah, I get that that happens for other people. Good on ya, you keep going, this is great.' But in terms of it relating to themselves or anything else, (it doesn't happen) ... so we have to be really creative.

In a similar vein, three of the sports psychologists noted that attempting to deliver supportive services in a manner that was "too clinical" was perceived to be an inhibitor

for elite athletes' help-seeking behavior. One respondent who works with professional athletes extended this, expressing the opinion that separating performance-based and clinical assistance by having separate professionals and systems of delivery also posed an inhibiting factor. This was alluded to as well by an Australian sports psychologist talking about how their services were framed,

Yeah, so (often) when it's explained, honestly, it's terrible. So, I explain it, and sometimes .... I'll say that I do performance enhancement, and I do life, and I do mental health, and then when they come in, I'll explain that I work with everything on that continuum. And so I ask them questions about their mental health... and I'll ask some questions about their performance.

They indicated that this approach seemed to help their athletes see the connection between performance and mental health in a way that helps overcome the otherwise inhibiting factor of having to seek these types of help from multiple sources. The other sports industry professionals echoed this sentiment.

**Lack of awareness.** This theme captured 18 coded responses with two prominent subthemes. The first was related to perceptions on the part of the interviewees that both senior executives and elite athletes are in some cases at a loss as to where to seek help (5 responses) and what resources are available (4 responses). Reflecting on how this impacts their work with senior executives, a consulting psychologist from Texas stated,

Because of those barriers, I think not as many as should are getting the help that they need. It's very hard to bring folks in. I think, once they're in, you're in if you can establish a good credible relationship. But getting people through the door, I think it's tough. I think we suffer from some things in terms of marketing and promotion. And a lot of people don't access it because they don't know where it is... Once we're able to prove our capabilities. Most of them will come back and say, I should have done this two years ago, but yeah, I don't think a lot of people are accessing not at this level.

The other subtheme reflected the challenges of lack of education, familiarity, or experience addressing mental health issues (9 responses). These responses came

exclusively from the sports psychologists and team physicians interviewed. These interviewees noted that the age of most elite athletes, their education levels, and in some cases, their cultural backgrounds influenced limitations in their clienteles' understanding and awareness of mental health. They indicated that this creates an obvious disadvantage and inhibits help-seeking behavior in elite athletes, as they will not seek help for something they do not recognize as a problem and if they do not understand the mechanism for addressing it.

**Time and travel.** Similar to how it was acknowledged in response to the question that pursued an understanding of inhibition of well-being, the challenges of extremely demanding schedules as well as high tempo travel in the cases of both executives and elite athletes, emerged again as an inhibiting factor more specifically concerning help-seeking and maintenance of mental health (12 responses). Multiple executive coaches referenced the grueling schedules of their senior executive clientele who often work 60 hours, and often more, a week, along with frequent business travel as a significant barrier to engaging “traditionally mental health or counseling services, as typically offered on a weekly basis.” Similarly, sports psychologists and team physicians mentioned the intensity and time-consuming nature of training schedules for elite athletes, reporting that this, combined with “in-season” travel, creates a significant barrier for those who may need additional support services or mental health treatment. As will be discussed later, this spoke to the need for and benefits of services offered in a less traditional manner (e.g., embedded team psychologists, traveling therapists/executive coaches)

**Avoidant defensive routines.** This thematic category captured 10 responses that shared the common element of avoiding addressing issues in a way reinforced by the

system within which they are occurring. Seven responses from the elite sports professionals included: the reinforcement of negative behavior (e.g., substance abuse) due to performance enhancement (two responses), overinvolvement of athletes' agents, creating added delays/barriers to treatment (three responses), and systemic mistrust between players and management (two responses). Three additional responses from the business consulting/coaching professionals included: not addressing issues because the severity has not caught attention or created significant disruption (e.g., functional alcoholism) (two responses) and the ability to avoid consequences for negative behavior or mental health issues (e.g., legal settlements with no follow up to address the behavior) (one response).

### **Systemic Factors Facilitating Well-being and Help-Seeking**

Four primary themes emerged from a total of 92 coded responses to the questions, “How do you help your clients get past their barriers to help-seeking?” and “What factors facilitate or influence willingness to seek help?” The themes were delivery factors (34 responses), resources and policies (33 responses), leadership orientation (16 responses), and wellbeing opportunities (nine responses).

**Delivery factors.** This theme captured interviewee responses and perceptions regarding how supportive services are offered and accessed by senior executives and elite athletes. Strongly emphasized was the need for the services themselves to be delivered in a flexible and nontraditional manner (six responses) because of the challenges presented by highly demanding schedules and frequent travel amongst these populations. Thus, traditional 50-minute, weekly, in-office, psychotherapy appointments, or in-person medication reviews will not be useful. Instead, the use of virtual platforms, onsite

appointments, and unstructured, on-the-fly encounters may be more suitable. Affording people a high level of confidentiality when accessing services was also emphasized (five responses). This is particularly important in sports, where players may want to maintain separateness between their privately seeking treatment and the awareness of coaches and team management. This allows senior executives to address their issues without potential concerns about “losing credibility” or “leadership presence.”

Another commonly endorsed facilitative approach was to lead with “performance enhancement” or “resilience training” and utilize “goal-oriented approaches” rather than discussing “mental health” or personal wellbeing explicitly (10 responses). The Texas-based internal consulting psychologist shared how their professional services firm was highly successful in using “resilience training” in the following response:

So we started at the point of admission when people are newly promoted... we have heard that the transition from senior manager to a partner, principal or Managing Director, it's like now you've entered the like UFC fighting cage... you're out there alone, just trying to make it work. (So), we instituted some resilience, transition support... We get like 28-30% participation, crazy numbers when we know mental health utilization for executive-level folks is like .00002%... People are raving about they loved it so much. We're using all that mental toughness and how to affect regulation, manage adversity, manage confidence, succeed in the high threat environment...you know, tactical stress management. We're killing it... So those are good success stories where (we) were facilitating healthier transitions, nipping stuff in the bud, helping people feel supported. I think we're turning the tide culturally.

Some interviewees noted using assessment tools, books, and Ted Talks amongst other means to warm their clients and athletes up to engaging support services (four responses).

Speaking of the use of assessments in this facilitative manner, one Seattle-based executive coach stated the following:

With a 360 (assessment), obviously, it's the input from those people who work with (the executive) about their experience of working with them... But there are themes that emerge ... That makes it very easy for a leader to see in data, which

most of them respect. That sheds some light on potential blind spots. The integrative Enneagram has what they call a strain profile. This assesses, I think, six or eight different areas of your life: personal, physical, interpersonal, home life, all of that...and they've identified that themselves. And they are looking at a graph or a graphic that is showing where those potential hotspots are... And that opens up a really great conversation for the coach and the leader for getting past some of those barriers (to help-seeking).

Another common and influential group of six responses touched on the value of utilizing “mental health ambassadors” (e.g., former elite/pro athletes) and other credible, trusted referral sources to educate and encourage those in need. A sports psychologist with a history of working with the Olympic team in Australia shared the impact of former gold-medal Olympians sharing their mental health challenges with current athletes:

We run a program at the moment, and we have gold medal athletes talking about their experiences (with) normal performance stuff and kind of stress and anxiety. And it's been quite powerful to have both men and women as the gold medalist speaking about it. And it does seem to help the reactions of the men in the room to be able to go, ‘Yeah, okay. I feel like that if this guy who has a gold medal and is one of the legends in Australia is able to say that, then I can say it too.’ (They) just recognize it for what it is, if you're turning up to an Olympic Games, which is going to be one of the most meaningful events in your life, you're going to get strong emotions, and you're going to get down to worries and fears... that's not you being weak or incompetent either. That's just you, ‘being human’... And there are also role models (e.g., a very famous Australian athlete who got bucket loads of gold medals) coming out... and saying, ‘Yeah, look, I struggled with mental illness throughout my career, and if I'd had more support, I probably would have kept going for longer.’

This participant emphasized that such “mental health ambassadors” positively impact breaking down stigma and help the current generation of athletes feel safer to acknowledge when they are experiencing challenges. Very similarly, an American sports psychologist working with multiple teams in the Southwest U.S. talked about how pro athletes are beginning to be more comfortable with seeking-help:

Partly because so many players have been open about it. In the media, both at the Olympic and professional level, I mean, even within the last year, Kevin Love was open about having panic attacks. Michael Phelps has been open about

depression. The CTE issues in football and the suicides and things like that. I think the players, to their credit, have embraced it because they understand how challenging and difficult their lives are.

Finally, also mentioned was the benefits of directly connecting the client or athlete directly to mental health services, making the introduction, and helping set an initial appointment (three responses). Respondents highlighted the value of bridging the gap between those in need and professional services in a way that breaks down concerns over “who is on the other side of the phone.” They further mentioned these facilitative behaviors as helping overcome the logistical challenges noted in previous sections of this study’s findings.

**Resources and policies.** This thematic category included responses (33) capturing the internal human and programmed resources available, the team/organization culture's supportiveness, systems for proactively identifying those at risk, and education and training programs. The facilitative benefits of having an in-house or embedded source of professional support were very prominent in interviewee responses. In the case of professional sports teams, multiple interviewees spoke to the significant benefit of having embedded team psychologists that provided both performance and clinical support. A couple of the business professionals spoke to the benefit of clinically trained, in-house executive coaches. Familiarity and ability to develop a relationship of trust were cited as having a significant facilitative benefit for executives and athletes in need of professional mental health services (10 responses).

Speaking to how senior executives at their large investment banking firm benefit from embedded coaches, including some with clinical training, a New York-based executive coach stated the following:

For (senior executives) to actually seek it (help) without being presented the option or without it being part of some kind of larger initiative... I would say it's not that common... So, it's usually the situation that (our) work with them would get triggered through some kind of larger initiative that we're proposing or that we're offering. Where they're given the opportunity to work with a coach, let's say proactively, that's the most common way that they would take part in it.

A team doctor for multiple professional sports teams in the Southwest U.S. shared the following observation about the benefits and value of pro teams having full-time, embedded psychologists on staff:

Some teams have somebody whose full-time job is with the team. And their job is to have lunch with the guys and hang out and walk around and be available... So, they build a relationship of trust, right... They'll have deeper amounts of coverage... like a psychologist who travels with the team and is always there as if they're one of the athletic trainers, right? And that's a really high level of accessibility and care. And I would say, I do believe that the players will foster much greater trust and relationship basis. Upon which, if something comes up, they'll be more comfortable talking about it.

This doctor went on to share that only 10-20% of professional teams have fully embedded professionals. They then reflected on the high return on investment (potentially measured in hundreds of thousands of dollars) should a team avert a potential crisis with a player by having an embedded psychologist available with a pre-existing relationship of trust developed.

Multiple sport professionals interviewed (nine responses) also related that the professional leagues and teams also have programs to facilitate players maintaining their wellness and wellbeing across several domains beyond physical training (e.g., spiritual, nutrition, financial). Also mentioned were screening programs/physicals to proactively identify athletes at risk for mental health conditions, as well as training programs aimed at improving the mental health awareness of coaches and staff (seven responses).

The remaining responses captured in this category had to do with organizational cultures that supported and emphasized wellness and personal wellbeing (e.g., employee



mindfulness training, internally supported health-related competitions). The New York-based executive coach related one interesting example of competitive culture having a positive facilitative effect on executive's wellbeing:

I also do think ...if somebody you know brags about having a coach and how it's made them effective. And then, that catches people's attention because... people are looking for an edge over their peers and others, and so if they feel like, this person really has benefited from something. That many times it's a catalyst for people ... to saying, oh, maybe I should think about doing that too. It can be another reason that they would actually prioritize something like that. So, the (organization's cultural) competitiveness actually facilitates their doing it (seeking out coaching).

**Leadership orientation.** This theme was represented mainly by responses related to the modeling, openness, and support of coaches and corporate leaders' mental health and whole-person well-being (10 responses). The positive influence and watchful protectiveness of pro athlete agents were also captured (four responses). The remaining responses highlighted the facilitative benefits of professional sports teams having a cohesive support staff (e.g., team physicians, athletic trainers, mental skills trainers, psychologist) and investment in multicultural awareness.

When asked if a coach's stance toward help-seeking was impactful on players seeking needed assistance, the Southwestern U.S.-based sports psychologist replied,

100%, because the way they frame the conversation makes my job even harder or makes it easier. You know, if a coach says, 'Hey, you need to go see the doctors, you're all screwed up in the head!' Versus, 'Hey, you know, Doc here can really help. I've talked to him in the past. He's helped me with some things... and he's a great resource.' How they frame that is important because they spend way more time with a player than I do... So, the way coaches and leadership frame the utilization of that service has a direct impact on my ability to do my job.

In a similar vein, a Seattle-based executive coach shared their thoughts on what greater transparency by corporate leadership regarding their experiences with help-seeking might have said:

It would communicate that everybody is in the game called developing themselves forever. Like you get to the top seat, and you're not done. You get to the top seat, and you actually need more support, more personalized eyeball to eyeball support. It's not like you cross the finish line. So, I think it would send a very strong message to the organization that development matters. And, you know, we're pro development here, and we want everybody to be moving along the line of their own expansion and skill development.

**Wellbeing opportunities.** This final category captured nine responses that described ways the circumstances and opportunities afforded elite athletes and senior executives can be facilitative to their wellbeing. Financial security was named as one factor that supports and potentially facilitates these populations' wellbeing (though arguments were also made for how money could be a detractor for some young pro athletes). The built-in, active lifestyle of elite athletes was noted as a positive wellness factor. Taking the available opportunities to offer meaningful community service and philanthropy while maintaining a generous and grateful attitude were further viewed as beneficial to elite athletes and senior executives' wellbeing.

### **Observable Consequences of Not Seeking Help**

Three primary themes emerged from a total of 46 coded responses to the questions, “How does not seeking help impact your clientele?” and “What detrimental effects on leadership (or athletic) performance have you observed that may be attributable in part to your clients not seeking help when needed?” These three themes were personal career impact (24 responses), interpersonal effects (16 responses), and corporate impact (six responses).

**Personal career impact.** The 24 responses captured by this theme included everything from executives losing their jobs and athletes losing their position on a team,

significant career path derailment or disruption, diminished performance, inability to advance or handle promotions, and decreased physical health.

**Interpersonal effects.** The 16 interviewee responses clustered in this theme included relationships ending or being severely damaged, unnecessary suffering of the individual and those around them, harm to executives' subordinate employees with unaddressed issues, and loss of credibility with peers/teammates.

**Corporate impact.** The six responses in this thematic category included the perpetuation and repetition of dysfunctional cycles within organizations or teams, legal action and lawsuits against companies, and negative impacts on organizational “brands.”

An executive coach from Southern California related an example that illustrates both the personal career impact and interpersonal effects of unaddressed personal issues:

One example was a very talented senior leader with a substance abuse and anger management issue, probably stemming from... some depression and some related impulsivity, who was not able or willing to seek or take advantage of a deeper therapy relationship. Who then wound up having an inappropriate interaction with and sleeping with a peer. And that went so dramatically bad that it cost him his job.

### **Similarities and Differences**

One of this study's research questions was whether there are similarities and differences between the types of barriers to help-seeking present for business executives and elite athletes?

Notable similarities as perceived by the interviewees included the continued presence of stigma and feared consequences for seeking help within both environments, the high levels of pressure and competition, effects of isolation related to their respective roles, logistical and travel-related challenges, and negative perceptions of the quality of services available and ability of those providing services to “understand” them. Multiple

interviewees noted that despite efforts being made to decrease stigma, it remains a pervasive challenge both in the business environment for senior executives and in sports for elite and professional athletes. Pressures and time constraints were alluded to frequently by interviewees as forces that inhibited and blocked executives and athletes from pursuing support services. Process-related issues of who, where, and how to access help, along with doubts about the ability for a professional to understand them and the quality of services available, were also frequently mentioned in the interviews.

Differences emerging in the interviews included dissimilarity of demographics between senior executives and elite athletes. Examples of the differences stated by interviewees were athletes tend to be much younger and possibly less educated and, in many cases, come from divergent cultural backgrounds (e.g., foreign and/or minority racial cultures, lower socio-economic). One sport and performance psychologist pointed out that elite athletes are pushing themselves to the extreme of their limits physically and mentally, likely more often than executives. It was additionally perceived by the sports professionals interviewed that pro athletes have much greater difficulty with maintaining their privacy due to the public spotlight they live in than most business executives. These were generally expressed as factors that inhibited elite athletes even more than senior executives from engaging in help-seeking behaviors. Conversely, interviewees also acknowledge that elite athletes are used to being guided, coached, and receiving frequent and timely feedback, perhaps to a greater extent than business executives, which was thought to possibly serve a facilitative function related to help-seeking.

A complete list of similarities and differences is written out in list-form for readability. The similarities were as follows:

- Stigma related to help-seeking remains an issue for many
- Help-seeking may be perceived as creating a risk to position/employment
- Both operate in high pressure/competitive environments
- Both under the scrutiny of "stakeholders"
- Both often desire fast/immediate results
- Both may hold unrealistic expectations regarding support services
- Isolation - decreased social support exists for both
- Both often experience pressure to manage image - hide "weaknesses"
- Occupational/athletic performance often blends with personal identity
- Both may doubt the quality of services available and their ability to be helped
- The process of accessing help is unclear and/or uncomfortable
- Logistical challenges/travel disruptions increase the difficulty of seeking/receiving help

The differences were as follows:

- Demographics of Elite Athletes and Executives are often different
- Executives can typically maintain more privacy than professional athletes
- Goals in business are less clear/more dynamic
- Athletes are pushed to extreme limits more often
- Athletes typically receive more frequent /timely feedback
- Utilization of coaching/help built into sports

## **Chapter 5: Discussion and Conclusions**

This study explored possible systemic barriers and facilitators to help-seeking experienced by high performing business executives and elite athletes. This examination was done via the perceptions of performance trainers, executive coaches, team medical staff, and sports psychologists that work closely with these populations. Additional consideration was given to the observed consequences of top executives and elite athletes not seeking help when needed and the similarities and differences between the challenges posed to each type of high performer. Four primary research questions were the focus of this exploratory study:

- What systemic factors interfere with high performing executives' and elite athletes' ability to achieve and maintain whole-person well-being?
- What observable systemic factors inhibit or facilitate the seeking of professional mental health assistance by high-performing executives and elite athletes?
- What observable detrimental consequences may be attributed to high-performing executives and elite athletes not seeking help?
- What similarities and differences exist between the types of barriers to help-seeking present for high-performing executives and elite athletes?

This chapter summarizes the research findings, draws conclusions in the context of reviewed research, offers recommendations regarding improving high performer help-seeking behavior, highlights the limitations of the current study, and offers suggestions for future study.

## **Discussion and Conclusions**

The results indicated that both types of top-performers (executives and athletes) might have some challenges regarding help-seeking. 38% of interviewees agreed that it was difficult for their clients to seek help, and an additional 46% indicated it was sometimes difficult for their clientele depending on the type of assistance required. Respondents indicated that, on average, senior executives and elite athletes who needed help did not seek help at an estimated 27% and 23% rate, respectively.

Results regarding the vulnerability level to mental health challenges were mixed. Most of the executive coaches and business consultants stated their clients were less vulnerable, and sports professionals stated their athletes were either more or equally vulnerable than the general public. These findings were consistent with Quick et al.'s (2000) suggestion that executives as a group tend to be healthier than the general population and Weiland et al.'s (2019) finding of higher frequency of mental health issues amongst elite-level athletes. Regardless of prevalence rates, the present data suggest that both executives and athletes have challenges reaching out for help and that a potentially significant subset (median estimates of 15-25%) of these populations do not seek help despite the need. These results support the topic as being deserving of exploration and further attention. Overcoming the barriers to help-seeking may enable the unacknowledged or unaddressed challenges to be identified and treated amongst these populations and thus, abating the associated high personal, organizational, and financial costs (Bregman, 2018; Kets De Vries, 1989; WHO, 2019).

Exploring the systemic factors inhibiting the maintenance of high performing individuals' well-being rendered five themes from a total of 88 coded responses. The

themes were logistical challenges, potential career consequences, positional influences, team and organizational cultural influences, and structural/policy issues. Notable specific responses included the impact of demanding travel schedules, intense pressure to perform, fear of losing one's job or position, isolation, low awareness of the organizational risk posed, unclear or lack of a return-to-work policy, and organizational culture traits of enabling, overextension, suppression, and distrust. These barriers challenge both executives' and athletes' ability to find time and establish healthy routines that support well-being consistently.

The specific ways well-being is compromised may be different between these two populations. For example, physical well-being may be more of an issue for executives (Li et al., 2018), while emotional health may be of more significant concern for elite athletes (Peluso & Guerra, 2005). The consistent pressure to perform, live under scrutiny, and deal with job-related disruptions of support systems appear to create stress and pose a risk to both athletes and executives alike, consistent with previous research (Quick et al., 2002; Rice et al., 2016). Unfortunately, in some cases, these barriers appear also to be reinforced by organizational culture and policies. While policies can be revised or created easily the task of shifting culture was noted by multiple respondents to be a particularly challenging undertaking.

A more specific examination of factors that inhibit help-seeking captured six themes from 122 coded responses. The most common theme identified was stigma representing approximately a third of all responses. This was followed by isolation of position/leadership, service factors, lack of awareness, time/travel related challenges, and avoidant defensive routines.



Reflecting the perceptions of stigma faced by high performing individuals were specific responses including the feared impact of seeking help on one's ability to maintain their position (of leadership or on a pro/Olympic team), the influence of intense competitive environments, and concerns about reputation and leadership image. These results are not surprising considering the well-established link between stigma's effects on mental health-related help-seeking (Clement et al., 2014; Hantzi, Anagnostopoulos, & Alexiou, 2019; Karaffa, 2016; Kelley, 2010; Yamaguchi, Mino, & Uddin, 2011). It appears that both public and self-stigmas are represented in this data, though like Hantzi et al. (2019), the self-stigmatizing attitudes about seeking professional help seem particularly influential. Self-stigma is the internalization of public stigma, where individuals view their seeking help as not an acceptable course of action. The unfortunate inhibiting force of self-stigma then creates a self-defeating dynamic, setting the individual up for diminished performance or even job loss, despite there being available avenues to prevent these outcomes.

Further perceived inhibiting barriers were the positionally and sometimes self-imposed expectations of self-reliance, the isolating effects of leadership, and shrinking support systems. Additionally, mistrust of available options, uncertain service-provider quality, concerns over confidentiality, not knowing where to go, and negative prior experiences with help-seeking were also perceived as inhibiting executives and athletes from pursuing mental health services. The logistics of finding time to pursue assistance amongst highly demanding schedules and with frequent travel was also widely reported as a significant barrier. Executives' pressures to maintain an infallible image of competence and power along with fears of being unable to perpetuate their success (Kets

De Vries, 1989) closely parallel elite athletes' beliefs that they should behave as if they were invincible, not showing or admitting weaknesses (McGraw et al., 2018) while dealing with ongoing competitive pressures to perform at peak levels and the risk of career-ending injuries (Rice et al., 2016). Service utilization issues relevant to business executives were referenced by Dean (2018). At the same time, underutilization of services, lack of mental health literacy, and issues surrounding mistrust of providers and confidentiality by pro and elite athletes were consistent with Deubert et al.'s (2016) NFL-base study as well as Weiland et al.'s (2019) text on sports psychology. This speaks to the need to build additional support systems around these individuals. Also, the need to adapt resources in ways that can allow for flexible delivery of high-quality, confidential services in ways that fit their demanding schedules and afford a level of separateness and privacy from stakeholders.

Inquiry into help-seeking facilitative factors provided four primary themes from a total of 92 responses. The themes were delivery factors, resources and policies, leadership orientation, and wellbeing opportunities. What and how services were delivered was perceived as highly influential in facilitating help-seeking. Heavily emphasized was the perceived benefits of having on-site or embedded professionals with whom high performers can develop relationships of trust and familiarity. Also recognized were built-in resources and programs intended to support wellness and that proactively identify individuals at risk. Sports professionals spoke of the utilization of "Mental Health Ambassadors," past or present well-known athletes willing to share their experiences with battling mental health, noting that this was quite effective in helping other athletes feel comfortable coming forward with their personal challenges. These

findings overlapped with some of Hantzi et al.'s (2019) review of help-seeking facilitative factors and the work of Deubert et al. (2016). Again, being flexible in how and where services are delivered, leading with an emphasis on resilience and "performance enhancement," and providing strict privacy and confidentiality were viewed as critical factors that helped executives and athletes better engage available options. These findings have similar elements as those expressed by Kets De Vries and Korotov (2007) in their discussion of leadership development programs.

Positive, healthy leaders (e.g., board members, coaches, CEOs) who are open and supportive of their senior executives or players and who maintain the cohesiveness of support staff around their people were noted as having a positive influence on the help-seeking behavior of those they lead. From the standpoint of prevention and well-being promotion, community service and charity involvement, along with the encouragement of gratitude and generosity, were thought to be notably helpful amongst elite athletes, though this is likely true for executives as well. These findings appear to overlap with the importance of organizational culture, with the correlated link being the influence that leadership has on culture. Arnold et al. (2015) emphasized how healthy leadership and cultures promote success within high-performance settings through developing psychological support systems, a work-life balance emphasis, physical health promotion, and proper focus on well-being. However, Dean (2018) warned that this is not typical or common, noting that upper leadership rarely drove well-being agendas and often remain aloof or uninvolved in such initiatives.

Regarding the consequences of not seeking help when needed, three distinct themes emerged: personal career impact, interpersonal effects, and corporate impact.

Depending on the severity of the untreated condition, several detrimental career outcomes had been observed, including diminished job or athletic performance, derailment of career progress, inability to handle advancement or promotion, and, in some cases, job loss. In addition to the personal impact, many interpersonal effects were highlighted, including damaged or lost relationships, harmful interactions with employees/teammates, unnecessary isolation and suffering, and lost trust and credibility. At the broader corporate or team level, undealt with personal or mental health issues were perceived to perpetuate repetitive cycles of dysfunction, lead to lawsuits, and negatively impact company brand. These findings are mostly consistent with reviewed literature that spoke of diminished performance, derailment, harmful impact on employees, and repetitive cycles of dysfunction in the context of leaders who neglect their well-being and mental health (Bregman, 2018; Groppe & Andelman, 2000; Haylock, 2010; Kets De Vries, 2014; Levin, 1997; Li et al., 2016; McCall & Lombardo, 1983; Quick et al., 2000).

The risk posed to organizations is perhaps one of the aspects of this topic that may deserve added emphasis. A few interviewees highlighted that many companies do not sufficiently take into consideration the damage that can be done when senior executives (or elite athletes) have unaddressed behavioral, mental health, or substance abuse issues. Avoidance, denial, defensive routines oriented at covering up, or delayed responses that wait for things to get bad enough may unintentionally enable or perpetuate situations that then become more costly and difficult to address. This speaks to the importance of having proactive strategies in place to identify, compassionately approach, and assist the high performing individual in connecting with the needed professional services and support.

Examining how the systemic barriers to help-seeking were similar and different between executives and athletes produced an interesting list of factors. Similarities included the presence of stigma and feared career consequences, high levels of environmental pressure and competition, role-related isolation, logistical and travel-related challenges, and negative perceptions of the services available. Differences included dissimilarity of demographics between executives and elite athletes, elite athletes pushing themselves to extremes more often than executives, and pro athletes having more challenges maintaining their privacy. Interviewees also acknowledged that athletes are used to being guided, coached, and receiving frequent and timely feedback. This comparison and contrast of barriers faced by these two types of high performers was not something that has been explicitly researched or written about in the literature. However, these similarities and differences should be kept in mind by those professionals who work within both sports and business environments, as one-size-fits-all approaches to personal development, performance enhancement, and mental health prevention in these contexts may miss the mark due to the nuanced differences noted.

In summary, the findings related to inhibition and facilitation of help-seeking paired with a review of the potential risks justifies investing in the highest quality of services available avoiding short-cuts or low-quality options, as they are less likely at delivering the return on investment desired and instead represent a risk to the teams or organizations. Proactive and preventative approaches to high performer wellbeing and mental health are ideal. Pairing these with sufficiently developed systems and policies in place to accommodate those who may become symptomatic or develop significant personal impairment. It is important to ensure that there is clarity regarding how one goes

about seeking assistance and how they will be accommodated and protected while seeking help. Additionally, a well-defined path should be afforded them for either remaining in their position or returning to their position after seeking support services. Continued efforts to reduce stigma are needed. Increasing the number of "Mental Health Ambassadors," including both elite athletes and recognized leaders in the business world, would help further the process of breaking down public and personal stigma. Active and engaged leadership aimed at improving organizational (or team) culture through leading by example and fostering sufficient psychological safety and trust will also be a key aspect of moving high-performance environments to increased mental health and wellbeing.

### **Limitations**

The present study has several limitations, mainly related to sampling and methodology. First, the convenience sample of 13 interviewees, split into even smaller subsamples of business and sports professionals, creates significant issues related to the generalizability of findings. Caution should be exercised in deducing or applying information from a small, nonrepresentative, nonrandomized sample. While the interviews did provide a depth of information and some interesting insights, these should mainly be utilized to guide future research questions rather than draw conclusions. Second, the phenomenon studied was from a second-hand perspective through professionals with a birds-eye view of the populations of interest (senior executives and elite athletes). However, the fact that barriers and facilitators of help-seeking behavior were assessed through the perceptions of people other than those specifically of interest creates a vulnerability to bias and distortion in the data. Third, interviews, coding, and

analysis were all done by me. As a result, the interviewing process could have introduced researcher bias in various forms and degrees (e.g., confirmation bias, leading questions). Ideally, coding would have been conducted by a neutral party of multiple coders, allowing for cross-checking, reliability, and validation analysis. Additionally, a significant challenge for this study was maintaining clarity regarding the definition of help and interviewees' interpretation of the word. Despite operationalizing the term, the open-ended nature of the study's questions tended to invite diffusion and expansion of the definition.

### **Suggestions for Further Study**

Further study of this topic remains a worthy endeavor. Future research should address the methodological issues present in this study. Enlarging the sample size would be the foremost recommendation. Attempts to broaden the sample's representative qualities using a quasi-experimental approach, as opposed to strictly convenience sampling, would add additional methodologic strength. As would the utilization of multiple coders, independent of the principal investigator, during data analysis. A mixed-methods approach may further enhance the findings and provide an opportunity to quantify outcomes in a manner that is amenable to statistical analysis. Broadening the definition of help-seeking and breaking it into subcategories would offer an opportunity to assess a range of challenges associated with high-performing individuals' self-reliant tendencies. Finally, it would be interesting to pursue data directly from senior executives and elite athletes regarding the inhibitors and facilitators of their help-seeking behavior and compare that with birds-eye perceptions of support professionals that work with them.

Building on this study's research findings, several intriguing directions could be pursued. Further exploration of facilitative factors in help-seeking behavior would be a valuable avenue. It would be interesting to study the differences in service utilization and outcomes between teams with full-time embedded mental health staff and sports psychologists versus those who use contract or part-time professionals within the world of elite sport. Extending this idea might also include looking at the on-field success of teams differentiating by embedded versus contract or part-time psychological staff. It would be interesting to explore the return on investment in support services offered to senior executives between similarly sized companies in a common industry within the corporate sector. Pursuing the point at which service quality is preserved, outcomes are measurably beneficial, and utilization is maximized. Finally, as it appears stigma continues to loom as a very significant inhibitor of help-seeking for high performing individuals, it would be wise for action research to be developed around interventions or programs targeting the reduction of stigma. Further qualitative exploration of companies with transparent, open leaders willing to show vulnerability could be conducted to further inform the development of programs and approaches to shift organizational cultures in healthy ways.

### **Final Thoughts**

Mental health in the workplace and professional sports has emerged as a hot topic, drawing increased public attention and expanding awareness. It has been expressed in various forums that mental health is a new frontier for diversity, equity, and inclusion efforts. Evident in this research and my experience as a clinician is that stigma remains a significant issue. While several brave individuals in sport and entertainment have come



forward and shared their experiences and struggles with mental health conditions, such examples seem to be much less common in the corporate sector. As the personal and financial costs of untreated top performers remain high in both sport and business, continued efforts to improve the quality and flexibility of the programs and services offered and efforts to improve utilization should be of high priority to teams and organizations.

With the onset of the COVID-19 pandemic and increased social unrest both in the U.S. and abroad, this topic's importance has only elevated. Many senior executives and elite athletes alike have been profoundly impacted by these situations, and the accompanying stress and uncertainty are inevitably influencing individuals' ability to maintain well-being and mental health. I hope that through continued research, intervention, and education, the needs of these populations and the broader public can be better served and met more fully.

## References

- Arnold, R., Fletcher, D., & Anderson, R. (2015). Leadership and management in elite sport: Factors perceived to influence performance. *International Journal of Sports Science & Coaching*, 10(2-3), 285-304.
- Bar-Eli, M. (2018). *Boost! How the psychology of sports can enhance your performance in management and work*. Oxford University Press.
- Barling, J., & Cloutier, A. (2017). Leaders' mental health at work: Empirical, methodological, and policy directions. *Journal of Occupational Health Psychology*, 22(3), 394-406.
- Bernerth, J. B., & Hirschfeld, R. R. (2016). The subjective well-being of group leaders as explained by the quality of leader–member exchange. *The Leadership Quarterly*, 27(4), 697–710.
- Biddle, L., Gunnell, D., Sharp, D., & Donovan, J. L. (2004). Factors influencing help-seeking in mentally distressed young adults: a cross-sectional survey. *The British Journal of General Practice: the Journal of the Royal College of General Practitioners*, 54(501), 248-253.
- Bregman, P. (2018). *Leading with Emotional Courage*. Newark: John Wiley & Sons, Incorporated.
- Castaldelli-Maia, J. M., Gallinaro, J. G. M. E., Falcão, R. S., Gouttebauge, V., Hitchcock, M. E., Hainline, B., Reardon, C. L., ... Stull, T. (2019). Mental health symptoms and disorders in elite athletes: a systematic review on cultural influencers and barriers to athletes seeking treatment. *British Journal of Sports Medicine*, 53(11), 707-721.
- Castellucci, M. (2018). Breaking the silence: The industry is responding to high physician suicide rates and the stigma of mental illness. *Modern Healthcare*, 48(40), 20.
- Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., ... Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11–27.
- Cohen, S. & Syme, S. L. (1985). *Social support and health*. (S. Cohen & S. L. Syme, Eds.). San Diego, CA: Academic Press.
- Cooper, C. L. (2013). Peter Drucker and the wellbeing agenda. *Strategic Direction*, 29(10), 21–22.

- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37–70.
- Creswell, J. W. & Creswell, J.D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches. 5<sup>th</sup> Edition. Thousand Oaks, CA: Sage.
- Dean, J. (2018). How employers can better support people with mental health issues. *Strategic HR Review*, 17(4), 204-208.
- Deubert, C.R., Cohen, I.G., & Lynch, H.F. (2016). Protecting and Promoting the Health of NFL Players: Legal and Ethical Analysis and Recommendations. [https://footballplayershealth-harvard-edu.lib.pepperdine.edu/wp-content/uploads/2016/11/01\\_Full\\_Report.pdf](https://footballplayershealth-harvard-edu.lib.pepperdine.edu/wp-content/uploads/2016/11/01_Full_Report.pdf)
- Fletcher, D. (2011). Applying Sport Psychology in Business: A Narrative Commentary and Bibliography. *Journal of Sport Psychology in Action*, 1(3), 139-149.
- Gerson, R. F. (2008). The executive athlete: How sports psychology helps business people become world-class performers. Amherst, Mass: HRD Press.
- Gilson, C. H. J., Pratt, M., Roberts, K., & Weymes, E. (2000). Peak performance: business lessons from the world's top sports organizations. New York: Texere.
- Gleeson, S. & Brady, E. (2017). *When athletes share their battles with mental illness*, USA TODAY
- Greenwood, K. (2018). This World Mental Health Day, Consider How You Can Reduce Stigma At Work. *Forbes*.
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, 10, Article ID 113.
- Gulliver, A., Griffiths, K. M., Christensen, H., Mackinnon, A., Caelear, A. L., Parsons, A., Bennett, K., ... Stanimirovic, R. (2012). Internet-based interventions to promote mental health help-seeking in elite athletes: an exploratory randomized controlled trial. *Journal of Medical Internet Research*, 14(3).
- Groppel, J. L., & Andelman, B. (2000). The corporate athlete: How to achieve peak performance in business and life. New York: Wiley.
- Hantzi, A., Anagnostopoulos, F., & Alexiou, E. (2019). Attitudes Towards Seeking Psychological Help: An Integrative Model Based on Contact, Essentialist Beliefs About Mental Illness, and Stigma. *Journal of Clinical Psychology in Medical Settings*, 26(2), 142–157.

- Haylock, J. (2010). Peak performance: Businesses can learn a lot from the way top sports teams chase success. *Chartered Accountants Journal*, 89(7), 60.
- Karaffa, K. M. (2016). Stigma, Pluralistic Ignorance, and Attitudes Toward Seeking Mental Health Services among Police Officers. (Thesis). Oklahoma State University. Retrieved from <http://hdl.handle.net/11244/48822>
- Kelley, C. (2010). Perceived Organizational Support as a Predictor of Stigma and Treatment Seeking for Psychological Problems. (Thesis). Clemson University. Retrieved from [https://tigerprints.clemson.edu/all\\_theses/809](https://tigerprints.clemson.edu/all_theses/809)
- Kets De Vries, M. F. R. (1989). Leaders Who Self-Destruct: The Causes and Cures. *Organizational Dynamics*, 17(4), 5–17.
- Kets De Vries, M. F. R. (2012). Star Performers: Paradoxes wrapped up in enigmas. *Organizational Dynamics*, 41(3), 173-182.
- Kets De Vries, M. F. R. (2014). Coaching the Toxic Leader. *Harvard Business Review*, 92(4), 100–109.
- Kets De Vries, M. F. R. & Korotov, K. (2007). Creating Transformational Executive Education Programs. *Academy of Management Learning and Education*, 6(4), 375-387.
- Kets De Vries, M. F. R., & Miller, D. (1984). Neurotic style and organizational pathology. *Strategic Management Journal*, 5(1), 35–55.
- Levin, E. (1997). The impact of inner work on professional effectiveness. (Dissertation). The California School of Professional Psychology at Alameda
- Li, W.-D., Schaubroeck, J. M., Xie, J. L., & Keller, A. C. (2018). Is being a leader a mixed blessing? A dual-pathway model linking leadership role occupancy to well-being. *Journal of Organizational Behavior*, 39(8), 971-989.
- Li, Y., Wang, Z., Yang, L.-Q., & Liu, S. (2016). The crossover of psychological distress from leaders to subordinates in teams: The role of abusive supervision, psychological capital, and team performance. *Journal of Occupational Health Psychology*, 21(2), 142-153.
- Loehr, J., & Schwartz, T. (2001). The making of a corporate athlete. *Harvard Business Review*, 79(1), 120-128.
- MacGregor, S. P., & Semler, K. (2012). Towards whole person learning through sustainable executive performance. *Journal of Management Development*, 31(3), 231–242.

- MacMullan, J. (2018, August 20). The courageous fight to fix the NBA's mental health problem. ESPN.com. [http://www.espn.com/nba/story/\\_/id/24382693/jackie-macmullan-kevin-love-paul-pierce-state-mental-health-nba](http://www.espn.com/nba/story/_/id/24382693/jackie-macmullan-kevin-love-paul-pierce-state-mental-health-nba)
- Madjidi, F. & Salmons, I. (2017). Best practices for managing burnout in attorneys. Pepperdine University.
- McCall, M.W. Jr., & Lombardo, M.M. (1983). Off the track: Why and how successful executives get derailed. Greenboro, NC: Centre for Creative Leadership
- McDuff, D. R., & American Psychiatric Publishing. (2012). Sports psychiatry: Strategies for life balance and peak performance. Washington, DC: American Psychiatric Pub.
- McGraw, S. A., Deubert, C. R., Fernandez, L. H., Cohen, I. G., Cohen, I. G., Deubert, C. R., Nozzolillo, A., ... Fernandez, L. H. (2018). Life on an emotional roller coaster: NFL players and their family members' perspectives on player mental health. *Journal of Clinical Sport Psychology*, 12(3), 404-431.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2013). Qualitative data analysis: A methods sourcebook. Thousand Oaks, CA: Sage.
- Murtaugh, R. D. (2017). I'm not scared of the bipolar stigma; it doesn't define me. *Indiana Lawyer*, 27(23), 11-18.
- Peluso, M. A., & Guerra, A. L. H. (2005). Physical activity and mental health: the association between exercise and mood. *Clinics (sao Paulo, Brazil)*, 60, 1, 61-70.
- Poças, A., & Pinto, A. S. (2016). Physician suicide prevention. *European Psychiatry*, 33.
- Quick, J. D., Cooper, C. L., Gavin, J. H., & Quick, J. C. (2002). Executive Health: Building Self-reliance for Challenging Times. *International Review of Industrial and Organizational Psychology*, 17, 187-216.
- Quick, J. C., Bennett, J., & Hargrove, M. B. (2014). Stress, health, and wellbeing in practice: Workplace leadership and leveraging stress for positive outcomes. In P. Y. Chen & C. L. Cooper (Eds.), *Work and wellbeing*, Vol. III. (pp. 175-204). Wiley-Blackwell.
- Rice, S. M., Purcell, R., De, S. S., Mawren, D., McGorry, P. D., & Parker, A. G. (2016). The Mental Health of Elite Athletes: A Narrative Systematic Review. *Sports Medicine*, 46(9), 1333-1353.
- Rook, C., Smith, L., Johnstone, J., Rossato, C., López Sánchez, G. F., Suárez, A. D., &

- Roberts, J. (2018). Reconceptualising workplace resilience—A cross-disciplinary perspective. *Anales de Psicología*, 34(2), 332–339.
- Schein, E. (1998) Process Consultation Revisited: Building the Helping Relationship. Addison-Wesley Publishing, Boston, MA.
- Shaughnessy, T. M., Parker, F. R., Hollenshead, J. H., Clotney, E. N., & Rubin, H. W. (2017). Contemporary Data and Trends in the Economic Costs of Mental Disabilities. *Behavioral Sciences & the Law*, 35(2), 162-177.
- Souter, G., Lewis, R., & Serrant, L. (2018). Men, Mental Health and Elite Sport: a Narrative Review. *Sports medicine-open*, 4(1), 57. doi:10.1186/s40798-018-0175-7
- Weiland, A., Chow, G.M., & Bird, M.D. Clinical Issues in Sport, Exercise, and Performance: A Whole-Person Approach to Helping Athletes and Individuals Succeed in Sport Life. In Mugford, A., & In Cremades, J. G. (2019). Sport, exercise, and performance psychology: Theories and applications.
- World Health Organization (WHO). (2019). Mental health in the workplace. Retrieved May 28, 2019, from <https://www.who.int/mentalhealth/intheworkplace/en/>
- Yamaguchi, S., Mino, Y., & Uddin, S. (2011). Strategies and future attempts to reduce stigmatization and increase awareness of mental health problems among young people: A narrative review of educational interventions. *Psychiatry and Clinical Neurosciences*, 65(5), 405-415.

## **Appendix A: Informed Consent Form**

# PEPPERDINE UNIVERSITY

## *Graziadio School of Business and Management*

### INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

IRB #: 19-07-1111

#### **SYSTEMIC BARRIERS AND FACILITATORS OF HELP-SEEKING AND HIGHLY PERFORMING INDIVIDUALS IN BUSINESS AND SPORTS**

My name is Jonathan Weller, a candidate in the Master of Science in Organization Development program at Pepperdine University (advised by Dr. Gary Mangiofico). I am conducting a study on factors that inhibit or facilitate help-seeking amongst high performing individuals in business and professional sports. I'm wanting to explore the following questions: 1) In environments with ample resources and access to assistance being readily available, what systemic barriers inhibit help-seeking? 2) Are there similarities between the types of barriers to help-seeking present for business executives and pro athletes? and 3) What effects on the performance of executives and athletes may be attributable to the systemic inhibition of help-seeking? .

You are eligible to participate because you are over 19 years of age and serve in a direct support role to executives and/or professional athletes in the form of being a performance trainer, executive coach, or sports psychologist. Your participation is voluntary. You should read the information below and ask questions about anything that you do not understand before deciding whether to participate. You should keep a copy of this form for your records.



## **PURPOSE OF THE STUDY**

The purpose of the study is to explore systemic barriers to help-seeking behavior amongst high performing individuals in professional sports and business in order to inform future action research and interventions. Ultimately, this research aspires to inform innovation, change, and the further development of programs and policies aimed at decreasing stigma, increasing awareness and facilitating access of services by at-risk high performing individuals.

## **STUDY PROCEDURES**

**Interview** - If you choose to participate, the interview will last 45-60 minutes. This interview will ask questions about your experiences and observations related to help-seeking behaviors amongst your professional clientele. Interviews will be audio recorded to ensure an accurate depiction of your response. However, no identifying information will be captured in the recording, and all responses will be reported in aggregate. If a sample quote is used in the thesis, it will be used anonymously. You can opt-out of the audio recording should you choose. Interviews can be conducted virtually via teleconference software (e.g., Zoom) or in-person depending on your location.

## **POTENTIAL RISKS AND DISCOMFORTS**

Participation in this research presents no more than minimal risk. The primary risk is that of breach of confidentiality. While identifying information will be maintained separately from raw and codified data, there is a very remote possibility that a serious breach of security could result in your identity being revealed in a way that could be connected to the study. Beyond this, any anticipated risks of this study are minimal, and maybe those you might encounter in daily life activities such as fatigue, boredom, or feeling uncomfortable with certain questions. All responses will be kept anonymous, and you have the option of opting out of the audio recording. There is no cost to you to be in this research study.

Your welfare is the major concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

### **POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

While there are no direct benefits to the study participants, the researcher hopes to contribute to a body of knowledge about help-seeking behaviors amongst high performing individuals and the development of interventions and programs to assist vulnerable individuals within these populations.

### **CONFIDENTIALITY**

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data.

The records collected for this study will be kept anonymous as far as permitted by law. However, if required to do so by law, it may be necessary to disclose information collected about you.

Examples of the types of issues that would require me to break confidentiality are if disclosed any instances of child abuse and elder abuse. Pepperdine University's Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The data will be stored on a password-protected Google Drive account until the study is completed, after which it will be kept in a password-protected file on an external hard drive maintained in a locked office. The data will be stored for a minimum of three years. Any identifiable information obtained in connection with this study will remain confidential.

**Interviews -** Your responses will be coded with an associated anonymized identifier. No identifying information will be collected during the interview. Interviews conducted in-person or

remotely will be recorded digitally to ensure the accuracy of data collected. A pre-assigned code will be used as the file name for these digital recordings, and that information will be kept in a separate document. The interview recording will be transcribed by a 3<sup>rd</sup> party transcription service, QTS - Quick Transcription Service. Recorded materials will not include identifying information, and QTS utilizes the highest level of cybersecurity to protect data. Once the interview is transcribed, and the transcription is checked for accuracy, the original audio file will be deleted.

Outside of a third-party transcriptionist, audio files and interview transcripts will not be shared with anyone else. Selected quotes identified only with the interviewee's associated role (not name or organization) of the interviewee may be used in the final thesis itself.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings, but the data will be reported as group or summarized data, and your identity will be kept strictly confidential.

### **PARTICIPATION AND WITHDRAWAL**

Your participation is voluntary. You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with Pepperdine University. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You are not waiving any legal claims, rights, or remedies because of your participation in this research study.

### **ALTERNATIVES TO FULL PARTICIPATION**

The alternative to participation in the study is not participating or only answering questions for which you feel comfortable.

### **INVESTIGATOR'S CONTACT INFORMATION**

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. For study-related questions, you understand that you may contact either:

Jonathan Weller (Principal Investigator)– [jonathan.weller@pepperdine.edu](mailto:jonathan.weller@pepperdine.edu), (480)544-1911

Dr. Gary Mangiofico (Faculty Advisor) - [gary.mangiofico@pepperdine.edu](mailto:gary.mangiofico@pepperdine.edu), (310)568-2333

Please contact one of the above if you have any other questions or concerns about this research.

### **RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION**

If you have questions, concerns, or complaints about your rights as a research participant or research in general, please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500, Los Angeles, CA 90045, 1(402)472-6965 or [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu).

### **DOCUMENTATION OF INFORMED CONSENT**

You are voluntarily deciding whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered, and (4) you have decided to be in the research study. You will be given a copy of this consent form to keep.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix B: Interview Protocol**

Thank you for your willingness to participate in this study. I am conducting this interview as part of my thesis, in partial fulfillment of my Master's in Organizational Development at Pepperdine University. The aim of this research is to explore the barriers to help-seeking present for high-level business executives and professional athletes. Participation in this study is entirely voluntary. You have the right to withdraw from the study or refuse to answer any question, at any time, for any reason.

Before we begin, I want to emphasize that your responses will be kept confidential. With your consent, I will be recording this interview so I can focus on our conversation. The recording will be used only to create notes of our conversation and then will be erased. Your responses will be codified, anonymized, and stored independently from any means of identifying you.

---

**What is your job/role?**

**How long have you been doing this work?**

**What percentage of your clientele are C-suite/Senior Management and/or professional athletes?**

**Regarding that subset of your clientele:**

- 1. In your experience, is it particularly difficult for these clients to seek assistance or help?**

**Probes:**

What circumstances or problems make this particularly difficult?

What percentage of your clients who need help don't seek help?

- 2. What inhibits or interferes with some executives (or athletes) from maintaining their overall well-being?**

**Probes:**

What facilitates them in maintaining their well-being?

What environmental factors have you observed that influence this?

**3. In your experience, why don't some high-performing people seek help?**

**Probes:**

Why does this population specifically not seek assistance regarding their mental health or personal well-being?

Within environments where ample resources and access to help are present, what barriers inhibit help-seeking?

In your experience, what leads them to seek help?

Are there observable gender differences?

What impact does culture (organizational, national, religious, ethnic) have?

**Prompts:**

Do you observe stigma? If so, what does it look like? What role does stigma play in inhibiting help-seeking behavior?

How might self-perception (e.g., need to be invincible) and concerns of losing status influence this?

What impact does the isolation of leadership have?

**4. What barriers to help-seeking do you see across the spectrum of your clientele?**

**Probes:**

Are there similarities between the types of barriers to help-seeking present for business executives and athletes?

What impact do the watching eyes of stakeholders (e.g., board members, employees, coaches/general managers) have on help-seeking?

Is there a tendency for these individuals to be encouraged to be self-reliant?

What role do occupational concerns play (e.g., a threat to maintaining job/employment, occupational requirements)?

**1. How do you help clients get past their barriers to help-seeking?**

**Probes:**

Are there types of help that your clientele is more or less willing to engage?

Do you see yourself as having a role in identifying the potential need for services? Or providing assistance?

**Prompts:**

What methods or interventions help? Which one's don't?

**2. What factors facilitate or influence the willingness to seek help?**

**Probes:**

Does the health of their social support systems play a part? If so, does it increase or decrease the likelihood of seeking help?

Does the severity of their symptoms/problems have an influence on their willingness to seek help?

How does their desire or wish for change have an influence on their willingness to seek help?

**3. In your experience, do you think this subset of your clientele are more or less vulnerable than average to mental health challenges (including but not limited to depression, anxiety, substance abuse, dysfunctional personality traits)?**

**4. How does not seeking help impact your clients?**

**Prompts:**

What detrimental effects on leadership (or athletic) performance have you observed that might be attributable in part to your clients not seeking help when needed?